PHYSICAL THERAPY DEPARTMENT

POLICIES & PROCEDURES MANUAL

Alvernia University
400 Saint Bernardine Street
Reading, PA 19607

Revised May 2017
Consent

Represented by my signature, I acknowledge that I have received and will operate within the requirements of the *Alvernia University Doctor of Physical Therapy Program Policies and Procedure Manual*. My signature confirms that I have read, understand, and will comply with its contents, and all of my questions have been answered satisfactorily.

Name (print):

____________________________________________________________________________

Signature:

____________________________________________________________________________

Date:

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PART I:
Program Overview
INTRODUCTION

The following policies and procedures have been established for the purpose of clarifying, organizing, and maintaining an effective Doctor of Physical Therapy Program at Alvernia University. Although other individuals may obtain information from this document, this manual is intended to serve as an important source of information primarily for the Core and Associated Faculty and Staff within the DPT Program.

This manual will serve as a valuable reference for DPT Faculty and Staff as they engage in the normal, daily operations of the DPT Program, and will provide guidance for making administrative and professional decisions. These policies and procedures have been instituted with the primary objective of ensuring the development and maintenance of a “culture of excellence” in which faculty and students become partners in the pursuit of academic success. The provisions of this manual are not to be regarded as a contract between the student and Alvernia University. The University reserves the right to change any provisions or requirements at any time within the student's period of enrollment.

ACCREDITATION STATUS

Since 1967, the Middle States Association of Colleges and Schools has granted Alvernia University full accreditation. The most recent reaffirmation of accreditation was granted in March 2005. In order to maintain compliance with Middle States accreditation standards, Alvernia has implemented a system of shared effort that includes collaboration amongst administration, non-tenure track and tenure track faculty, and staff. Ultimately, the Provost is responsible for achieving and maintaining accreditation.

Graduation from a physical therapist program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone: 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Effective November 12, 2014, Alvernia University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). Candidacy is not an accreditation status nor does it assure eventual accreditation. Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program is progressing toward accreditation.

COMPLIANCE WITH ACCREDITATION POLICIES & PROCEDURES

The primary responsibility for achieving and maintaining accreditation lies within the purview of the Department Chair in consultation with DPT core faculty. The duties of the Department Chair related to achieving and maintaining compliance with accreditation policies and procedures are delineated within the DPT Department Chair’s Job Delineation (Appendix A).

Contingency Plan When Accreditation is Denied or Withdrawn:

The teach-out plan for students currently enrolled in the program if accreditation is denied or withdrawn is as follows: 1.) Students who are enrolled in the program at the time that accreditation is denied or withdrawn will be immediately notified of this change in accreditation status, classes will be suspended, and no new students will be enrolled into the program, 2.) Students who are enrolled at the time that accreditation is denied or withdrawn will be offered the option of completing the current semester’s coursework or until the time in which the accreditation withdrawal goes into effect. Assistance in the identification and transfer of the student to another accredited DPT program will be offered. Students will have the option of remaining in the Program until the adverse event identified by CAPTE has been addressed by the Program and the decision by CAPTE to deny or withdraw accreditation has been removed. Students will not be able to take courses within the Program until CAPTE has granted
accreditation, 3.) Students who are in their first year of the DPT program and have entered the program through the 3+3 year format, will be given the opportunity to complete their Bachelor’s degree at Alvernia University but will be required to complete the standard curriculum for the undergraduate major that they chose prior to admission into the graduate program. Credits earned in the DPT program prior to accreditation withdrawal will be attributed to the student’s bachelor’s degree. The Program has initiated dialogue regarding the development a relationship with other accredited DPT Programs for the purpose of assisting students within the Program to complete their education.

Details regarding the extent to which interested programs are able and willing to assist have not been delineated since these details are subject to change based on the circumstances. At the time of AFC submission, there are several programs who have offered assistance to Alvernia’s DPT Program in the event that accreditation is not achieved or withdrawn.

Other Actions Taken by CAPTE:

In cases where CAPTE decides to defer action on accreditation, the Department Chair in consultation with the program faculty will prepare a Compliance Report in accordance with the timeline as determined by CAPTE. If CAPTE issues a “warning” or “show cause” designation to the program, the Department Chair in consultation with program faculty will provide evidence of improvement in the form of a Compliance Report to CAPTE prior to their next regularly scheduled meeting. In the event that a focused visit is requested by CAPTE, the Department Chair in consultation with program faculty will submit a Compliance Report and/or other documentation as requested by CAPTE. The Department Chair will negotiate with CAPTE regarding dates for the visit. The Department Chair will ensure that fees associated with the focus visit are paid to CAPTE in a timely manner. If CAPTE chooses to offer an accreditation cycle that is shorter than the typical 5 or 10 year period, the Department Chair, in consultation with the program faculty, will attempt to eliminate the conditions that warranted such a decision. In the event that CAPTE chooses to perform an off-cycle visit, the Department Chair and program faculty will collectively prepare and provide assistance as required to CAPTE and the on-site team, which includes any additional information requested by the on-site team.

Required Information to be Made Public:

When the program becomes accredited, the Department Chair will provide notification of this status. A specific statement from CAPTE will be used on the institution/program web site in a place easily located by the public and included in any other educational and promotional materials in which the program’s accreditation status is disclosed. If the program’s status changes to probation, a specific statement from CAPTE must be used during the time that probation is in effect. The program will also direct the public to the accreditation status of the university that is outside of the purview of CAPTE. Any changes in the university’s accreditation status will be made immediately available to the public.

The Department Chair, in consultation with program faculty, will provide the public with accurate, reliable and easily available information about student outcomes. This information will include, but is not limited to, graduation rate, ultimate licensure exam pass rate, and employment rate, all averaged over the most recent three years as these outcomes become available. This information will be updated annually by the Department Chair, in consultation with program faculty, upon submission of its Annual Accreditation Report. Program outcome data required by CAPTE is delineated within the CAPTE Accreditation Handbook under “Student Outcomes”.

Submission of Accreditation Fees:

The Department Chair will be in contact with university administration to ensure that all fees are paid to CAPTE in the amount that has been prescribed and within the time frame that has been determined by CAPTE. The Department Chair will ensure that annual accreditation fees are submitted no later than December 1 each year.
Submission of Required Reports:

If the program is found to be in non-compliance or conditional compliance with an evaluative criterion, the Department Chair will address the deficiency in a Compliance Report. The first report will be due in time for CAPTE review either six (6) months or one (1) year following review of the self-study and on-site visit report. After one (1) year if the program is not able to demonstrate full compliance, additional Compliance Reports will be required at six (6) month intervals. CAPTE determines the specific date(s) at which Compliance Reports are due. The program is notified of the due date in the Summary of Action and the Department Chair will ensure compliance with requested information and the timeline for submission.

The Department Chair, in consultation with program faculty, will submit an Annual Accreditation Report (AAR) at the time (December 1) and format requested by CAPTE from the time of candidacy onward. Additional information in the form of a Compliance Report may also be submitted with the AAR as requested by CAPTE. The Department Chair and faculty will demonstrate compliance with all revised criteria within two years of their effective date unless otherwise modified by CAPTE.

Changes in information that CAPTE utilizes to contact the university or program will be reported in writing at the time of occurrence. Additional changes will be reported to CAPTE by the Department Chair at the time they occur as described in the "Rules and Regulations" section of the CAPTE Accreditation Handbook. The Department Chair will be responsible for reporting changes in the AAR as recommended within the CAPTE Accreditation Handbook. The Department Chair will be responsible for obtaining pre-approval from CAPTE for any substantive changes to the program. As soon as possible and practical, the Department Chair will report any substantive changes resulting from natural or man-made disasters.

ALVERNIA UNIVERSITY MISSION & VISION

Guided by Franciscan values and the ideal of “knowledge joined with love,” and rooted in the Catholic and liberal arts traditions, Alvernia is a rigorous, caring, and inclusive learning community committed to academic excellence and to being and fostering broadly educated, life-long learners; reflective professionals and engaged citizens; and ethical leaders with moral courage.

To Be a Distinctive Franciscan University, Committed to Personal and Social Transformation, Through Integrated, Community-based, Inclusive, and Ethical Learning. Integrated Learning: combining liberal arts and professional education, and blending rigorous inquiry, practical experience and personal reflection in the classroom, on campus, and in society; Community-Based Learning: engaging the local, regional and global communities as partners in education and service; Inclusive Learning: welcoming people of diverse beliefs and backgrounds; responsive to the educational needs of recent high school graduates, working adults and established professionals, and senior citizens; respectful and self-critical in our dialogue about differences in values and perspectives; Ethical Learning: challenging individuals to be values-based leaders by developing habits of the mind, habits of the heart, and habits of the soul.

COLLEGE OF PROFESSIONAL PROGRAMS MISSION

The Mission of the College of Professional Programs is to empower departments to develop students’, faculty members’, and staffs’ personal and professional responsibility in the context of their vocations. Through modeling ethical standards of our richly diverse professional programs, we encourage continual investment in best practices and engaged learning in collaboration with our communities.
DOCTOR OF PHYSICAL THERAPY PROGRAM MISSION

The mission of the Alvernia University Doctor of Physical Therapy (DPT) Program is to pursue academic excellence in preparing the next generation of autonomous physical therapist clinicians. By challenging students to think critically, act professionally, and serve altruistically, the Program endeavors to develop graduates who are life-long learners, reflective professionals, engaged citizens, and ethical leaders with moral courage. Graduates will be prepared to assume a leadership role in the ever-changing health care environment as Doctors of Physical Therapy who are committed to clinical competence and the application and perpetuation of evidence-based knowledge.

Achievement of this mission is accomplished through the promotion of a graduate who is self-reflective, service-oriented, and highly skilled. Self-reflective professionals are committed to lifelong learning and demonstrate the capacity to thoughtfully consider their actions and creatively solve problems. Service-oriented professionals are agents of change who understand their role within the health care continuum. Such practitioners are committed to making contributions to the profession and to the communities in which they live in the context of client and societal needs. Skilled professionals exhibit clinical knowledge and competence through the application of evidence-based principles and practices. Such practitioners are dedicated to achieving optimal outcomes through exploration of innovative strategies.

PHYSICAL THERAPY DEPARTMENT GOALS

Program Goals:
To accomplish its mission, the Program will:

- **Program Goal 1**: Provide an innovative and visionary curriculum that includes interprofessional learning, responds to the needs of the profession, fosters new educational models and delivery methods, and adjusts to the changing manner in which students learn.

  - **Program Goal 1: Outcome 1**: The DPT Program will engage students in regular interprofessional learning experiences that include interaction with students in other health-related professions, interaction with health professionals from other disciplines, and/or course content focused on interprofessional practice.

  - **Program Goal 1: Outcome 2**: The DPT Program will pursue models of teaching and learning designed to connect the classroom with the clinic in a manner that addresses the needs of all students and includes the use of technology, web-based learning, active learning, innovative clinical education, and service-learning.

  - **Program Goal 1: Outcome 3**: The DPT Program will adapt the curriculum in concert with changing trends in the profession and in accordance with current best evidence and best practice standards.

- **Program Goal 2**: Promote the profession through research that emphasizes the translation of evidence into clinical practice, explores new research models, and leads to innovative strategies related to movement and function.

  - **Program Goal 2: Outcome 1**: The DPT Program will explore models of research designed to impact clinical practice and promote the profession of physical therapy.

  - **Program Goal 2: Outcome 2**: The DPT Program will collaborate with local clinicians in the integration and perpetuation of evidence into clinical practice.

- **Program Goal 3**: Collaborate with local clinicians, other health professionals, consumers, and community organizations to pursue patient centered initiatives that address the health related challenges of our society.

  - **Program Goal 3: Outcome 1**: The DPT Program will pursue opportunities to collaborate with other healthcare professionals and students, consumers, and
individuals within the community in the pursuit of effective strategies for addressing health-related challenges.

Faculty Goals:
To accomplish its mission, the Faculty of the Program will:

- **Faculty Goal 1**: Demonstrate expertise in the clinical practice of Physical Therapy with advanced knowledge and skill in accordance with best practice guidelines and informed by the current best evidence.
  - **Faculty Goal 1: Outcome 1**: 25% percent or more of the Core and associated faculty will possess, or be in pursuit of an advanced clinical specialization, through the American Board of Physical Therapy Specialties (ABPTS), or other recognized body, that is specific to the area of content in which they teach.
  - **Faculty Goal 1: Outcome 2**: 50% or more of core faculty will continue to engage in regular clinical practice/consultation.
  - **Faculty Goal 1: Outcome 3**: Program faculty will attend regular clinically-based continuing education courses and pursue scholarship designed to contribute to the development of best clinical practice standards.

- **Faculty Goal 2**: Embody the principles and practices of effective teaching by fostering an environment conducive to authentic learning and serve as a role model and resource for students, graduates, and colleagues.
  - **Faculty Goal 2: Outcome 1**: Core faculty are expected to demonstrate evidence of teaching practices that reveals instructor knowledge, adherence to best practice guidelines, and skill in content delivery by satisfactorily meeting expectations of student, self, peer, and administrative evaluation.
  - **Faculty Goal 2: Outcome 2**: Tenure-Track Core faculty will demonstrate effective teaching skills as evidenced by the achievement of promotion and tenure within the University.

- **Faculty Goal 3**: Demonstrate a commitment to serve the Program, University, profession, and local/global community through collaboration and leadership.
  - **Faculty Goal 3: Outcome 1**: Each core faculty member is expected to serve on a minimum of 1 University or College committee and a minimum of two Program committees annually and regularly attend Program, College, and University faculty meetings.
  - **Faculty Goal 3: Outcome 2**: Core and associated contract faculty will maintain membership and involvement in professional associations which support the practice, education, and research of Physical Therapy.
  - **Faculty Goal 3: Outcome 3**: Core and associated contract faculty will actively serve within a professional association at either the local, state, or national level.

- **Faculty Goal 4**: Advance an agenda of scholarly activity, pursue professional advancement, and engage in lifelong learning that is designed to contribute to the profession of Physical Therapy.
  - **Faculty Goal 4: Outcome 1**: Core faculty will maintain an agenda of scholarly activity which includes dissemination in non-peer and peer-reviewed formats.
  - **Faculty Goal 4: Outcome 2**: Core faculty will attend continuing education seminars in their area of clinical, research, and teaching interest.

Graduate Goals:
To accomplish its mission, the Graduates of the Program will:

- **Graduate Goal 1**: Demonstrate competence in the examination, evaluation, diagnosis, prognosis, and intervention of the movement system across the lifespan within all available practice settings.
  - **Graduate Goal 1: Outcome 1**: Graduates of the Program will demonstrate entry-level competence through the successful completion of the curriculum, including all written
and practical exams as well as the comprehensive exam, and will demonstrate entry-level competence in all clinical skills upon completion of the clinical practice courses.

- **Graduate Goal 1: Outcome 2:** Graduates of the Program will demonstrate entry-level competence through the passage of the National Physical Therapy Examination (NPTE).

- **Graduate Goal 1: Outcome 3:** Graduates of the Program are expected to assume clinical positions as physical therapists within a variety of physical therapy practice settings within 6 months of graduation and provide care in accordance with professional and clinic-specific standards.

- **Graduate Goal 2:** Embrace best practice standards, that include the integration of best available research, clinical expertise, and patient centered values and goals.
  - **Graduate Goal 2: Outcome 1:** Graduates will have demonstrated adherence to evidence-based principles and practices during formal clinical education experiences as determined by clinical faculty.
  - **Graduate Goal 2: Outcome 2:** Graduates will consistently apply the current best evidence and best practice guidelines to the care of individual patients as evidenced through self- and employer-assessment.

- **Graduate Goal 3:** Collaborate with other health professionals, consumers, and community organizations to address the health challenges of society as autonomous DPTs who are characterized by independent thinking, self-determination, altruistic service, and who embody the highest standards of ethical and moral practice.
  - **Graduate Goal 3: Outcome 1:** Graduates and students of the Program will engage in regular collaboration with other healthcare providers and the community to address society's healthcare needs.
  - **Graduate Goal 3: Outcome 2:** Graduates and students of the Program will recognize health disparity and promote advocacy in practice, education, and research.
  - **Graduate Goal 3: Outcome 3:** Graduates and students of the Program will perpetuate evidence to support the comparative effectiveness of physical therapy, to offer creative solutions to enhance health services delivery and to increase the value of physical therapy to society.

- **Graduate Goal 4:** Engage in the persistent, lifelong acquisition of authentic knowledge and skill to advance the art and science of Physical Therapy and its role in the delivery of health care and health promotion.
  - **Graduate Goal 4: Outcome 1:** Graduates will engage in self-reflective clinical practice that advances their knowledge and skill in the delivery of health care and health promotion.
  - **Graduate Goal 4: Outcome 2:** Graduates will pursue new knowledge through continuing education that advances their knowledge and skill in the delivery of health care and health promotion.
  - **Graduate Goal 4: Outcome 3:** Graduates and students of the Program will pursue a scholarly agenda, including dissemination, that advances their knowledge and skill in the delivery of health care and health promotion.
Alvernia University
Physical Therapy
Department

PART 2:
Program Personnel
PHYSICAL THERAPY DEPARTMENT FACULTY/STAFF

CORE FACULTY:

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ASSOCIATED(contract) FACULTY:

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Dr. Joan Lewis, PhD

Dr. Jae-Chun Kim, PhD

Dr. Jill Black, PT, DPT, EdD

Mr. Ted Yanchuleff, PT, ATC

Dr. Doug Lytle, PhD, MBA

Dr. Dan Agnese, PT, DPT, CSCS

Dr. Lori Kuch, PT, DPT
Department Chair Roles and Responsibilities (Appendix A)

Department Chair as Senior Faculty:

The DC is employed as a tenure-track faculty member and Department Chair with all of the rights and responsibilities delineated in Section III of the Alvernia University Faculty Handbook. The DC reports directly to the Department Chair of Allied Health and Human Services. The DPT Department Chair shares the same administrative rights and responsibilities as all other Department Chairs within the Department and University.

Knowledge of Higher Education and Contemporary Clinical Practice:

The DC will possess and maintain a thorough understanding and knowledge of best practices as it applies to the professional education of physical therapists and contemporary clinical practice.

Faculty Evaluation:

Alvernia has a shared system of evaluation. Administration, which includes Department Chairs, Department Chairs, and College Deans have the on-going responsibility to evaluate all faculty with regard to professional behavior and general competence in fulfilling their duties. The DC is the individual who is primarily responsible for linking assessment of DPT Program faculty to their professional development plan. The DC will develop a process that utilizes resources throughout the University to ensure that each core faculty member is evaluated and developed in the areas of teaching, scholarship, and service. The Department Chair and DC share responsibilities for such things as classroom teaching observation with feedback each semester and review of each faculty member’s self-assessment and professional development plan, annually. Informally, the DC provides feedback regarding the performance of Program faculty and staff to the Department Chair during monthly meetings. The DC provides substantive formal feedback and recommendations to the Chair prior to decisions related to faculty retention, promotion, or tenure by the University Rank and Tenure Committee. The mechanism by which this feedback is primarily provided is through the DPT Faculty Development Committee (FDC). This ad hoc committee is formed by DPT core faculty and chaired by the DC for the purpose of faculty development through a process of self- and peer-assessment. As Chair of this committee, the DC will be responsible for the actions of the committee and the formal submission of the committee’s recommendation to the Department Chair. For a description of the charges and responsibilities of the DPT Committee Descriptions/Assignments, see Appendix B. For a complete description of the DC’s role in Faculty Evaluation see the PT Department Chair Job Delineation (Appendix A).

Planning and Administration of Financial Resources:

The DC will be responsible for managing an annual operational budget in collaboration with the Department Chair. This budget will be used for costs such as printing, office supplies, teaching supplies,
mailing, etc. Within the limits of the operational budget and under the direction of the Department Chair, the DC will have the ability to move line items as dictated by programmatic needs. Costs for equipment or supplies that exceed $5,000.00 will be considered capital budget items. Recommendations for such items will be made by the Department Chair to the Department Chair and Dean each fall for the next academic year. Authorization for hiring of new staff or faculty is approved by the President of the University upon the recommendation of the Provost of the University. Approval is obtained after a careful consideration of the petition made for each new hire by the Department Chair in collaboration with the Department Chair and Dean. Prioritization of equipment and supplies needed for start-up is under the direction of the DC and Department Chair.

The core faculty will work closely with the DC in determining the needs of the Program and in the allocation of the Program’s financial resources. The DC will solicit recommendations from the faculty regarding both short-term and long-term use of the Program’s financial resources. Planning will include, but not be limited to, such areas as equipment purchases, hiring of new core and associated faculty, allotment of funds for faculty development, support of faculty scholarship, allocation of funds for teaching and research space, among others. Core faculty are considered experts in their areas of content and are expected to have knowledge of what is required to create an optimal educational experience. Therefore, prior to the spring End of Semester Review (ESR) session, the DC will solicit core faculty to submit recommendations for needs related to each faculty member’s area of teaching along with the cost and a detailed rationale for his/her recommendation. The ESR may serve as an opportunity for core faculty to deliberate over these requests and, therefore, will remain as a standing ESR agenda item. In addition, the DC will consult with core faculty regarding their requests in order to gain clarification as needed. These requests will be considered in the context of overall Program needs and prioritized accordingly. A prioritized list of Program needs and associated costs will be shared with the Department Chair and Dean of the College after which a final decision will be made regarding allocation of funds by the Dean.

Facilitates Effective Communication:

Fostering an environment of collegiality where honesty, camaraderie, diversity, and candor are valued is among the most important responsibilities of the DC. To maximize the potential of each core and associated faculty member within the DPT Program and to forge and strengthen relationships between the program and multiple constituents both within and outside of the University, the DC will facilitate open lines of communication.

Intra-Departmental Mechanisms for Communication:
The DC will facilitate open intra-departmental communication among all faculty within the Program in the following ways:

1. Biweekly DPT Program Faculty Meetings: Biweekly faculty meetings will be held to review current and pending issues facing the program and faculty. All core faculty are expected to attend these weekly meetings.

2. Biannual Program End-of-Semester (ESR) Review: Every fall and spring, DPT Program faculty will engage in interactive deliberation, discussion, and planning over the course of 1-2 days. These retreats will provide opportunity for faculty to discuss issues facing the faculty during the prior semester and academic year and plan for future and pending needs and issues.

3. Department Chair’s “Open-Door” Policy: Core and associated faculty are encouraged to meet with the DC on an as needed basis. The DC will be available on campus during normal working hours, except when in class, off-campus for meetings, vacation, or during clinical/research day and is also available by phone 24 hours/day.

4. Meeting Minutes and Committee Reports: The DC will coordinate with the administrative assistant(s) to ensure that all meeting minutes and committee reports are circulated to DPT core faculty and posted on University shared files in a timely fashion.
5. **Programmatic Updates and Student/Faculty Issues:** The DC will immediately contact DPT faculty and staff regarding any important program updates or relevant student issues through necessary means.

**External Mechanisms for Communication:**

The DC will facilitate opportunities for collaboration and communication with local constituents within the community that are outside of the University, which include:

1. **Alvernia DPT Professional Advisory Board:** The advisory board will be comprised of the DPT DC, ACCE, student representatives, University administration, DPT core and associated faculty, local PT and non-PT clinicians, business professionals and healthcare administrators. The board will meet every semester during program start-up and once per academic year, thereafter. The primary objective of the board is to ensure that the DPT Program is pursuing educational initiatives that are consistent with contemporary physical therapy practice and the needs of the community. See DPT Professional Advisory Board Description and Purpose *(Appendix C)*

2. **Alvernia DPT Alumni Association:** The DPT Alumni Association will allow graduates of the Program to stay connected to the Program. The DPT DC and faculty will serve on this committee along with Program alumni. This association will plan events specific to the DPT Program, including such things as continuing education. This association will support DPT alum and the Program.

3. **Community Collaboration:** In order to altruistically serve the community in which the DPT Program resides and to provide opportunities for students to engage in interactive, collaborative learning, the DC and core faculty will embark on establishing relationships with various community constituents such as homeless shelters, community health services, senior citizen centers, among others.

4. **Clinical Education:** Based on clinical site requirements, the DPT Program will become actively engaged in establishing vital, long-term relationships with clinical sites. These interactions will provide a support network for the DPT Program and its students. See the PT Clinical Education Manual.

5. **Matriculation Agreements:** In order to facilitate both the 3+3 year and 4+3 year curricular formats, the DPT Program will seek to enter into matriculation agreements with area schools by which undergraduate students are offered seats in the professional DPT Program at Alvernia. Such agreements will ensure program viability by helping to identify competent students who are committed to exploring a career in physical therapy. Such agreements will ensure that qualified students who have demonstrated academic success within a rigorous undergraduate curriculum will be entering the Program.

**Academic Coordinator of Clinical Education Roles and Responsibilities (Appendix D)**

**Facilitates Effective Communication:**

**Communication with Core Faculty:**

Under the direction of the DPT DC, the ACCE will be the primary coordinator and manager of the clinical education component of the curriculum. The ACCE will regularly communicate with the DC regarding all facets of the clinical education program. The current pattern of communication between the ACCE and DC includes weekly summaries at faculty meetings, and daily interaction including opportunities to check-in with each other regarding clinical education. In addition, the ACCE and DC faculty offices are in close proximity and both faculty members have open door policies. A weekly meeting will occur between
the ACCE and DC on an ongoing basis.

The ACCE will provide updates regarding the status of the clinical education program and student performance, as it relates to clinical education, to the core faculty during weekly DPT faculty meetings. A standing “Clinical Education” agenda item will be established to ensure discussion of these important issues. The ACCE will provide feedback regarding current issues facing the clinical education program and their impact on curricular development. During the end of semester reviews, clinical education is discussed, including performance outcomes, relationship of clinical education to curriculum, variety of clinical education experiences, and clinical instructors’ feedback. The ACCE will have an open door policy for all faculty members who wish to discuss any student or clinical education topic or issue.

Communication with Clinical Education Sites and Clinical Faculty:
The ACCE will serve as the primary liaison between the DPT Program and clinical sites. A list of potential clinical sites has been generated through faculty (ACCE & DC) contacts, collaboration with the Occupational Therapy Program, assistance from local clinicians, and contact with local hospitals and health system networks. The initial contact is to determine who is responsible for establishing a Clinical Education Contract, and who the Clinical Coordinator of Clinical Education (CCCE) is. The ACCE has and will continue to speak to each CCCE by phone or in person to present the DPT Clinical Education program and curriculum. During these phone conversations, the ACCE will share the benefits of participating in the clinical education program, which includes access to Alvernia University on-line database, discount on continuing education, and opportunities for collaboration on research. Once the CCCE verbally agrees to participate, the secretary of the DPT Program will mail the Clinical Education Contract and the Clinical Education Manual to each clinical site. An email will also be sent with a sample of the Letter of Intent and directions for completion. The ACCE is copied on all communications and available through email or phone for questions and clarification. Once a contract or Letter of Intent is received, an email notification is sent to the clinical education site (CCCE) from the ACCE. This pattern of communication will continue for all new clinical education sites. In addition, site visits have begun and will continue for the purpose of establishing relationships with clinical sites and faculty, assessing the clinical site facility to ensure the requirements of the program are met and providing necessary assistance. Student site visits will be used for the purpose of monitoring student progression, assisting the CCCE/CI with student issues, and to discuss the student mid-term evaluation. The ACCE or designated faculty member will be available to conduct a site visit as needed.

Once a student has been tentatively assigned to a clinical site, a letter introducing the student and a confirmation of the dates for the affiliation, will be sent to the clinical site by the ACCE. The ACCE will be responsible for updating all affiliated clinical sites on changes within the didactic and clinical education curriculum, and program in general. The ACCE will develop relationships with clinical faculty for the purpose of integrating these experts into all aspects of the curriculum in accordance with the Program’s Clinical Expert Integration Model (CEIM), as discussed in Part VII of this Manual. The ACCE will oversee all issues related to clinical site compliance requirements and, with the assistance of the DPT Administrative Assistant, will ensure that all students have met compliance requirements needed for participation.

Communication with Students:
Communication between the Academic Coordinator of Clinical Education and the students will occur formally throughout their tenure within the program and informally as needed. Formal contact will include the following:

1. **Orientation** – The ACCE will introduce the clinical education program during orientation and review the DPT Clinical Education Manual. At this time, the ACCE will formally review all necessary requirements for DPT 522&523 and communicate clinical site assignments.

2. **Office hours** – Formal 1:1 meeting times can be arranged through office hours. Extended office hours will be offered during time when students are researching and choosing clinical sites, and completing necessary paper work and requirements to ensure ample opportunities for students to have their questions and concerns addressed.
3. **Part-Time Clinical Practice Courses**– During the first 6 weeks of these course, the ACCE will meet with the students to review all policies and procedures and expectations related to the clinical education program and they will also complete OSHA and HIPPA requirements. Assessment tools will be reviewed including the Integrated Clinical Experience (ICE) Form and the Student Clinical Information Form. Ample time will be allowed for Q&A.

4. **Week-One Check-In**– At the end of the first week of each clinical experience, students will receive a check-in email from the ACCE to obtain the student's initial impression of the clinical experience and to ascertain the potential for any issues regarding communication with the CI/CCCE.

5. **Clinical Education Site Placement Process** – The ACCE will facilitate the process of clinical site placement that involves both student preference and random assignment. The ACCE will provide students with the information needed to make informed choices and will establish open lines of communication between the student and the clinical site. For all full-time clinical experiences, each student will be randomly assigned a number indicating the order of choosing available sites. The ACCE will be available to assist students throughout this critical process. See PT Clinical Education Manual for details.

6. **Mid-Term Interview**– During each full-time clinical practice course, the ACCE, or designated faculty member, will complete mid-term evaluations in person or by phone. Students will be encouraged to share challenges, concerns, likes and dislikes at this time.

7. **Clinical Education Feedback Session**– Following each clinical practice course, the ACCE will meet with each class to collect data and to provide an opportunity for student's to collaboratively discuss their overall clinical experiences.

8. **Submission and Communication of Final Grades** – As primary instructor of the clinical practice courses, the ACCE has the primary responsibility of assigning grades after consultation with the CI. The ACCE will also be available to students for feedback.

9. Informal communication between the ACCE and student(s) will be ongoing through email, telephone and in person. The ACCE will maintain an open door policy, however, students will be encouraged and/or directed to office hours if time is needed to answer questions. The ACCE will verbally and in writing through the Clinical Education Manual encourage students to keep the lines of communication open and express any concerns/issues as early as possible with the ACCE. See the PT Clinical Education Manual for details regarding requirements of the ACCE related to communication.

**Maintains Agreements between the Institution and Clinical Education Sites:**

The ACCE will maintain site folders for each active clinical site. Each site folder will contain separate sections for: contract, communication with site, previous student site evaluations, specific clinical site requirements, and all other correspondence between the University and the site. All active sites are logged into a database by the ACCE which tracks contact information, contract date, and clinical site utilization. The database is reviewed prior to each semester for contracts which require updates. Once a year, all site files are individually reviewed and the database is updated accordingly. Contracts which are close to expiring are updated according to type (university or facility generated) of contract. Sites that utilize facility generated contracts are contacted to begin the renewal process. Sites which utilize university generated contracts are sent new contracts to review and sign. As a compliment to the ongoing clinical site database, APTA CSIFWeb will be utilized with the ultimate goal of having all clinical sites update their information online annually. See the PT Clinical Education Manual for details regarding the role of the ACCE in the development of written clinical education agreements.
Upholds Academic Regulations, Policies, and Procedures Related to Clinical Education:

Under the direction of the PT DC, the ACCE assumes responsibility for maintaining the integrity of the clinical education program. This will be accomplished through a process by which the academic regulations and all policies and procedures that are related to clinical education are strictly upheld. This process is most effective by enacting 3 levels of interaction. The ACCE will seek to communicate and assist clinical sites in meeting the expectations and policies related to the clinical education program prior to contract execution, during affiliation experiences, and following completion of each affiliation experience. See the PT Clinical Education Manual for details regarding the role of the ACCE in upholding the policies and procedures related to clinical education.

Prior to executing a contract with a clinical site, the ACCE will fully inform each site of all policies and expectations. As clinical sites are added to the cohort of active affiliation sites, the ACCE will communicate both informally and formally with the CCCE regarding the distinct roles of both the university as well as the clinical site. The ACCE will provide each clinical site with the PT Clinical Education Manual, which includes the program mission, philosophy, expected outcomes, an overview of the curriculum, and all policies and procedures related to the clinical education program. Prior to hosting a student, all clinical sites will engage in a fully executed contract with the University (see sample contract in PT Clinical Education Manual). The ACCE will encourage open dialogue to ensure that any questions or concerns from the clinical site are addressed prior to contract execution. In March of each year, the ACCE will mail a Letter of Intent requesting placement for student in all clinical education experiences for the following calendar year in compliance with the Uniform Mailing Date established by the Education Section of the APTA. Clinical sites will return completed Letters of Intent by April 15 each year which will indicate the specific number of students and their placement for the following academic year. Once a Letter of Intent is received, the ACCE will provide the CCCE with pertinent information regarding the student and the objectives related to that specific affiliation experience and a confirmation letter will be sent to the student and clinical site.

The ACCE shares the responsibility of student supervision and evaluation with the CI throughout each clinical experience utilizing periodic reports, phone conversations, site visits, and consultation. The ACCE, or assigned core faculty member, will contact the clinical site to discuss the student's progress and performance at various points during each experience. The ACCE, or designated faculty member, will attempt to visit each student during each clinical experience. The purpose for these site visits is to assist with clinical site development and to foster productive working relationships between the DPT program and the clinical sites.

If a student is on a learning contract upon entering a clinical experience, the ACCE will ensure that the CI is aware of the details of this contract, is prepared to implement this contract, and will support the CI in assisting the student in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the contract, the CI will confer with the ACCE. After evaluating the CI's concerns, the ACCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as previously defined in Part VI of the DPT P&P Manual. The ARC's decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program.

If a student is at risk of not meeting expectations during a clinical practice experience, the CI will confer with the ACCE. After evaluating the CI's concerns, the ACCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as previously defined in Part VI of the DPT P&P Manual. The ARC's decision may result in the development of a learning contract which may lead to an alteration in the student's progression and/or dismissal of the student from the program. If a learning contract needs to be established during a clinical experience. In circumstances when a student has transferred to another instructor or facility, the ACCE will check in with the CI and student on a daily basis during the first week.

If a clinical instructor is identified as not meeting the requirements of the program, the ACCE will immediately contact the CCCE/CI to determine the extent of the breach. The ACCE will submit a
"request for corrective action" in writing to the CCCE, which must be completed. If this occurs during a student's clinical experience, the "request" must be completed within 2 days or the student will be removed. If the nature of the breach in contract is egregious or emergent, the student will be removed immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract or cannot ensure that the situation will not arise again, that site will be removed from the active site list until further notice. After removal of a student from a clinical experience or removal of a clinical site from the active site list, the ACCE will provide a formal letter to the CCCE outlining the reasons and invite further discussion and clarification as needed. To ensure that all CI's are meeting program requirements, the ACCE will monitor the CSIF on an annual basis, during the process of site selection, and immediately prior to student placement. The ACCE closely monitors student progress at sites where one individual supervises more than one student at a time, or at sites where a student might start with one instructor and be transferred to another instructor, to ensure the necessary support is provided.

At the conclusion of the clinical experience, each student will complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Experience (see PT Clinical Education Manual) for full time internships and the Part-time PT Student Assessment of the Clinical Experience (see PT Clinical Education Manual) before their grade for the course is issued. This evaluation will provide valuable information to the ACCE regarding the student's perception of the experience and the suitability of the site, CI, and CCCE in fostering an optimal educational experience. The ACCE will review these forms and provide feedback to the clinical sites. These forms are also reviewed prior to sending out reservation requests for future placements.

The ACCE will communicate with the DPT core faculty the policies and procedures related to the clinical education program and discuss any changes to these policies or issues that arise during weekly faculty meetings. Clinical education will be a standing agenda item at these meetings. The core faculty are expected to prepare students for their clinical experiences in accordance with the program's academic policies. The ACCE will periodically review the syllabi of the clinical courses within the curriculum to ensure that course objectives satisfy the demands of the clinical education program. The PT Clinical Education Manual, which fully outlines each policy and procedure and provides an overview of the clinical education program, is posted on the Program webpage. Formally and informally, students will be provided with instruction regarding the expectations for professional and performance behaviors in the clinical setting. For each clinical practice course, students will be provided with a syllabus which outlines the objectives of the course. The syllabus serves as a contract between the ACCE and the student and describes the consequences for not meeting course requirements.

If a clinical site is identified as not meeting the academic regulations established by the program, the ACCE will immediately contact by phone or site visit the CCCE/Ci to gain clarification. If the site is truly not meeting the requirements as outlined in the contract, the ACCE will notify the clinical site of this breach of contract and submit to the site a "request for corrective action" notification in writing. The ACCE will follow up with the clinical site within 2 days of this request to identify if the situation has resolved. If corrective action has not been taken at that time, the student will be immediately removed from the clinical experience and will complete the remainder of the affiliation at another site in a similar practice setting, when possible. If the nature of the breach in contract is egregious or emergent, where the offense poses a safety risk to the student and/or clients, the student will be removed from the clinical site immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract, they will be immediately removed from the active site list. If this occurs while a student is being hosted at the site, the student will be immediately removed from the site and will complete his/her affiliation at another location. After removal of a student from a clinical experience, the ACCE will provide a formal letter outlining the reasons for the removal to the site's CCCE. If the clinical site is unable to ensure that this situation will not arise again, the clinical site will be removed from the active list of clinical sites and students will no longer affiliate at this location until a time in which the suitability of the site can be re-evaluated. Prior to future placement of another student at a site where an issue has arisen with the clinical site, the ACCE will verbally communicate with the CCCE prior to the affiliation to ensure that the issue has been resolved and will provide written documentation of this discussion with a reiteration of the concern and the statutes of the contract.

Assessment of Student Learning in Clinical Education:
The ACCE, as primary instructor for all eight clinical practice courses, will be responsible for assigning student grades, as described. See the PT Clinical Education Manual for details regarding the role of the ACCE and the instruments used in the assessment of student learning during the clinical education experiences.

Tools that will be used to evaluate student performance include the: PT CPIWeb, Professional Behaviors, Online Course Assignments, Student Clinical Information Form, Integrated Clinical Experience Evaluation Form.

Determine if Clinical Education Faculty Meet the Needs of the Program:

Prior to entering into a clinical education contract, the ACCE ensures that each clinical site and all clinical faculty meet the expectations of the Program and to the best of the clinic’s abilities, meet current standards set forth by the APTA, Guidelines for Clinical Education (updated 12/14/2009). The ACCE, using the following sources, determines the appropriateness of the clinical education sites: the Clinical Site Information Form (CSIF), clinical sites visits, and/or communication with the CCCE/CI. To meet program expectations, each site must have a copy of each clinician’s current valid PT license, demonstrate adequate administrative support and space, employ a designated CCCE, and offer a variety of appropriate learning experiences that are commensurate with course objectives. The administration and clinical faculty must exhibit a positive attitude toward clinical education as determined by past student feedback reported on the CSIFWeb and current interactions with the ACCE. The clinical atmosphere must be professional and foster an “environment of learning” as shown by positive interactions and willingness for clinicians to assist and facilitate goal setting with students. Optimally, clinical sites have educational policies that include staff education on teaching and student supervision through in-servicing and support for continuing education. Sites that do not meet the above described standards will be offered assistance by the ACCE to further develop their clinical education program.

The ACCE in collaboration with the clinic’s CCCE is responsible to ensure that clinical education faculty meets the needs of our program and individual students. The CSIF provides information related to the clinical faculty’s years and type of experience, certification and continuing education. CSIF also provides past evaluations of CI and clinical experiences, however, many CI have not uploaded information on CSIF and therefore, the ACCE will be responsible for collecting this information through a site visits, email or by phone conversations with the CCCE and/or CI. Prior to confirming a student placement, the ACCE will attempt to ensure that the CI has the skills and experience to meet the course objectives. If the CI appears to lack adequate experience, the ACCE will determine if resources are available from the clinic and AU DPT faculty to educate the CI and provide the necessary support or the ACCE will find a different CI or clinical site. At the conclusion of each academic year, the ACCE will evaluate the effectiveness of each CI through the use of the APTA PT Student Evaluation and Integrated Clinical Experiences Evaluation Form, and data collected through informal interactions with CCCE’s/CI’s and students. From this data, the ACCE will seek to identify trends across all clinical sites as well as needs or deficiencies of clinical faculty within specific clinical sites or needs among specific clinical instructors. The ACCE will utilize this information to develop resources to support clinical faculty. This information will also be used to determine if CI’s are not meeting the Program’s criteria for retention, upon which they will not be assigned another student until such deficiencies have been corrected. These criteria include appropriate communication and supervision of students, safety in the clinic, and appropriate professional behavior and attitudes towards patients, staff, and students. A summary of the process used to evaluate clinical education faculty by the Program and all forms used for assessment can be found in the PT Clinical Education Manual.

CORE FACULTY ROLES AND RESPONSIBILITIES

Teaching, Scholarship, and Service Expectations to Achieve the Expected Program Outcomes:

Core faculty are expected to fulfill all expectations in the area of teaching, scholarship, and service as outlined in the Alvernia University Faculty Handbook. Each core faculty member will pursue
contemporary expertise in clinical practice in their assigned content area and demonstrate effectiveness in teaching and student evaluation as determined by the process of faculty evaluation. The requirements of core faculty within the Program exceed that which is required within other programs within the University. The DPT Faculty Evaluation Form (Appendix E) and process of faculty evaluation through peer-assessment as performed by the DPT Faculty Development Committee, as described elsewhere, will ensure that expectations are communicated and accomplished. To accommodate for the increased expectations of graduate-level students, faculty within the DPT Program will be given a 1 credit graduate adjustment per course and will use a 2:1 ratio when calculating lab contact hours. These adjustments will reduce the teaching load of DPT faculty thus enabling them to attend to other Programmatic activities. In addition, 3 credits of release time is given to the Department Chair and ACCE for attending to the administrative aspects of the Program.

The Program allows core faculty one complete day per week and reduced summer schedules to engage in clinical practice and/or scholarship. Core faculty will contribute to important programmatic activities such as admissions, governance, assessment of student and program outcomes, and coordination and development of associate and clinical faculty.

**Initiate, Adopt, Evaluate, and Uphold Academic Regulations:**

Academic regulations specific to the DPT Program will be developed and evaluated through a process of collaboration and based on active engagement from all core DPT faculty in consultation with the Department Chair and the Dean of the College of Professional Programs. Academic regulations will be revised and new regulations added as the Program evolves and as the need arises to further clarify or develop new regulations. During bimonthly DPT faculty meetings and end-of-semester review retreats, faculty will propose, discuss, deliberate, and vote on the development and implementation of academic regulations and policies that impact the Program. Development of these policies may originate among individual faculty members or they may result from the work of a DPT committee, such as the curriculum or outcomes committee. New initiatives that originate within these committees may be brought to the full DPT faculty where they are discussed and voted upon. Once new or modified academic regulations and policies have been agreed upon internally within the Program, they will be communicated to the Dean, and Provost, as needed, for feedback and recommendations. As required, they will be vetted by the appropriate faculty council committee and eventually voted upon by the full faculty of the University. Depending upon the policy, administrative or full faculty support may be required before a particular regulation can be fully implemented. New policies will be added to the DPT Policies & Procedures Manual and/or DPT Clinical Education Manual, as appropriate. The Department Chair and Dean will review Program Manuals annually. Any areas of concern or question will be sent to university counsel for review and clarification. Academic regulations will be discussed and modified on an ongoing basis by core faculty for the purpose of ensuring that these regulations are consistent with the mission and expected outcomes of the Program. All newly instituted policies must also be consistent with those of the University and in keeping with the requirements of CAPTE.

**Communication of Academic Regulations:**

Once a new or modified regulation has been approved, it will be communicated to all faculty, staff, and students through various means including printed materials, personal communication, independent and group interaction, email or mass mail updates, and educational sessions. New or revised policies will be added to the appropriate Program document and posted on the DPT Program website for the purpose of communicating the details of each regulation to all constituents. These regulations will be conveyed to all core, clinical, and associate faculty, as well as staff, upon hire with the expectation that they will be strictly followed. Adherence to these regulations will be ensured through annual reviews performed by the DPT Faculty Development Committee, Department Chair, and Dean in which staff and faculty are evaluated with respect to their adherence to all program policies. See Service section of the DPT Faculty Evaluation Form (Appendix E).

**Upholding Academic Regulations:**

Ensuring that the academic regulations adopted by the Program are upheld is the responsibility of the DPT core faculty. The core faculty under the leadership of the Department Chair will inform the students of these regulations upon entering the Program and will continue to remind students of these regulations.
Clinical Practice Guidelines: The standard definition of CPGs is "systematically developed statements to assist practitioners and patient decisions about appropriate health for specific circumstances". Guidelines have been designed to support the decision-making processes in specific areas of patient care. The content of a guideline is based on a systematic review of clinical evidence, which is considered to be the primary source for evidence-based care. The benefits of developing a curriculum founded upon these guidelines is that the faculty can feel confident that the content of the curriculum is guiding students toward more effective outcomes that fully reflect the current best evidence. Core and associated faculty within the Program regularly utilize CPGs when developing and revising course content within the curriculum. Evidence of the use of CPGs can be observed in course materials that reflect published guidelines. Several of the resources utilized by faculty in this manner have been posted on the Program’s Blackboard page at https://lms.alvernia.edu/webapps/blackboard/content/listContentEditable.jsp?content_id=_83659_1&course_id=3098_1&content_id=150118_1


Current Best Evidence: There is a growing list of systematic reviews that have been translated into CPGs. However, not all areas of clinical practice have been systematically evaluated. In
addition, CPGs often focus on specialty areas that have been studied more extensively and a paucity of evidence often exists in more discrete areas of clinical practice. In such areas, core and associated faculty rely on other peer-reviewed and non peer-reviewed scholarly products such as publications and presentations. Studies that serve as seminal work in a particular field of inquiry is particularly compelling. To a lesser extent textbooks and platform/poster presentations at regional and national conferences may be considered.

- **Descriptions of Advanced Clinical Practice (DACP) and Best Practice Standards:** Although these often include a level of interpretation that are not subject to peer-reviewed scrutiny, these resources may still be helpful in guiding curricular development in the absence of other sources. Many specialty practice councils develop descriptions of advanced clinical practice to assist individuals in preparing for board certification. Although advanced practice is not the expectation of entry-level students within the Program, a description of what is considered advanced practice in specific areas of specialization may be useful in developing course materials. Since these guidelines do not always represent the results of specific research, they may offer some guidance when other such sources are silent on an area of clinical practice.

- **Faculty Expertise:** As the third leg of Sackett’s EBP stool, the experience and training of each core and associated faculty member provides a level of evidence that is a valuable component in patient care. Although some of this evidence is anecdotal, Sackett makes a case for the value of considering this level of evidence in the context of providing expert patient care. Toward this end, the Program has labored to ensure that clinical experts that represent the breadth and depth of the profession have been identified and are engaged in teaching within the Program. Utilizing local expert clinicians to teach specific areas of content such as pelvic floor dysfunction, prosthetics and orthotics, laser therapy, lymphedema, and pharmacology, among others has served to enhance these learning experiences for students.

**Process of Curricular Revision:**
The curricular plan is considered a “working process” with a strong foundation that is revised over time to reflect changes within the profession and newly-emerging evidence. Revision of the curriculum is achieved through a collaborative process between DPT core faculty and a multitude of factors and constituents from both within and outside of the university. Review and revision of the curricular plan by the core faculty is accomplished through course evaluation by the primary course instructor of each course. Upon completion of each course, the primary course instructor completes the **DPT Course Evaluation Form (Appendix G)** and **DPT Faculty Evaluation Form (Appendix E)**. These forms are reviewed at ESR and faculty deliberate over the role of course within the overall curriculum. Ideas for revisions to individual courses and the overall curricular plan are discussed. During DPT Curriculum Meetings each semester, core faculty discuss the curricular plan and develop curriculum proposals as needed. Decisions related to curriculum revisions are made after collecting data from multiple sources including students, core/associated/clinical faculty, external stakeholders, and student outcomes data. As the DPT Outcomes Committee collects data and meets during the course of each semester, this data is used to guide curricular change. Once approved by Program faculty, curriculum proposals are presented and proceed throughout the university faculty approval process. This process is initiated and coordinated by Program core faculty upon consultation with the following stakeholders:

- **Clinical Education Faculty:** Input is collected by the ACCE during clinical experiences and through informal interactions. Following the first week and at mid-term during each clinical experience, the CI will be solicited for feedback (see **Week One Check-in with CI and Mid-Term Check-in Form in PT Clinical Education Manual**). During mid-term interviews, the ACCE ascertains the CI’s perception of student performance in comparison to students from other programs. More substantive feedback regarding student performance is provided via the PT CPIWeb during full-time experiences and via the **DPT 522/523 ICE Form** in DPT 522 and 523. These instruments provide an opportunity for CI’s to offer input regarding the Program’s curriculum based on the CI’s previous and current experiences with Program students. The ACCE utilizes data obtained from clinical faculty as a curricular outcome measure and presents this data during end-of-semester review (ESR) and bimonthly faculty meetings. Core faculty will deliberate over feedback provided by CI’s and a plan for addressing any areas of deficiency will be developed, as appropriate.

- **Students:** Student feedback and outcomes provide data that influences the curricular plan.
Students will have multiple opportunities to offer informal and formal feedback, including: collective feedback through the PT Student Association (PTSA), group feedback sessions, completion of feedback surveys, completion of university-wide course feedback, feedback during DPT Advisory Board meetings and individual exit interviews and surveys with faculty immediately prior to graduation (DPT Student Exit Survey, Appendix H), student course feedback as dictated by the AU Student Feedback Form (Appendix I), and feedback regarding clinical experiences as per the APTA PT Student Evaluation Form (PT Clinical Education Manual) and the DPT ICE Feedback Form (PT Clinical Education Manual). Aggregate student academic performance on several measures including NPTE pass rates, comprehensive exam pass rates, graduation rates, employment rates, etc. will also provide evidence of curricular effectiveness and/or the need to make curricular changes.

- **Graduates/Employers:** A variety of graduate-related outcome measures, including: NPTE pass rates, graduation rates, and employment rates, among others will be used by the DPT Outcomes Committee to determine the need for curricular revision after the first cohort graduates in 2018 and ongoing. Data collected from alumni and employers of Program graduates will provide insight into the factors associated with employment and board passage which may be used to inform the curriculum. Outcomes data from the DPT Graduate Survey (Appendix J) and Employer Survey (Appendix K) may be used to identify trends. This data will be discussed at DPT Outcomes Committee meetings and presented to the full DPT faculty at ESR and/or during bimonthly faculty meetings.

- **Associated Faculty:** Associated DPT faculty are comprised of local clinicians who share their clinical expertise during classroom and/or lab experiences. Associated faculty who serve as primary course instructors are required to complete a DPT Course Evaluation Form (Appendix G) for every course, each semester. This form will provide input regarding the effectiveness of each course and its place within the overall curriculum. Associated faculty who serve as lab assistants will provide input related to course content and delivery to the primary course instructor, who will include this feedback on the course evaluation form. Feedback from associated faculty will be discussed at ESR and identified trends may be used to make revisions to the curriculum.

- **Local Healthcare Professionals and the Community:** Local healthcare professionals will be solicited for feedback both informally and formally. The DPT Professional Advisory Board will provide an opportunity for local PT clinicians, healthcare colleagues, and other local constituents to offer recommendations and provide input regarding the Program’s curriculum. These meetings will be held once per semester initially and one time each year, thereafter. The minutes of each meeting will reflect discourse related to curricular recommendations and revisions. This input will be reviewed during faculty meetings and ESR and may be used to revise the curricular plan. See DPT Advisory Board Description and Purpose (Appendix C).

**Ensure Readiness to Engage in Clinical Education:**

**Requirements for Student Participation in a Clinical Practice Course:**

Prior to students embarking upon any of their clinical education experiences, it is vital for the core faculty to determine each student’s readiness for managing the rigors and challenges of clinical practice. A student’s readiness for clinical practice will be based on each student’s demonstration of sufficient ability in the cognitive, affective, and psychomotor domains in all coursework leading up to the clinical experience. To ensure competent care and to protect the clients whom the students serve, each student must meet the following specific criteria before beginning each clinical education course.

1. All students must have successfully completed all coursework prior to the clinical practice course with a grade of “C”, or better or a grade of “Pass”, in all clinical practice courses. This requirement for student progression within the Program includes the requirement for passage of all practical examinations with a grade of 75%, or better. See the practical exam re-take policy in the syllabi of all clinical courses. Students will not be permitted to enter a clinical practice course with a grade of “Incomplete” in any course unless authorized by the DPT Academic Review Committee.
2. A learning contract may be in place for students entering a clinical practice course. However, in such cases, core faculty must agree that the student is sufficiently prepared for the experience and that no adverse event will occur, in regards to harm to the student, CI, or patients. The extent to which a CI and clinical site is able to accommodate and comply with the specific requirements of the learning contract may also impact a student's ability to engage in a clinical practice course at a particular location.

3. The student must meet the criterion, “student demonstrates safe practice principles in the performance of lab skills and practical examinations”. This criterion is determined through student passage of all practical examinations. Each practical exam includes criteria related to “Safety” and “Professionalism”. Failure to achieve these criteria results in an immediate failure of the practical examination.

4. Any student who has committed a breach of the Program’s policies regarding professional behaviors may be prohibited from participation in a clinical practice course. If a student fails to correct identified unprofessional behaviors, demonstrates ongoing breaches in professional behavior, or commits an egregious breach of the Program’s expectations related to professional behavior, the student will be prohibited from participation in a clinical practice course and disciplinary action may be taken up to and including dismissal from the Program.

5. All students must demonstrate the ability to execute all of the “essential functions” of a physical therapist with or without reasonable accommodation as outlined in Program manuals.

6. The student must be deemed by the core faculty, including the student’s faculty advisor and ACCE, to be sufficiently prepared for the clinical education experience, as determined by the professional judgment of the faculty. This determination is based upon each student’s performance within the Program in combination with the requirements of the planned clinical site. To support student success, faculty reserve the right to restrict access to specific clinical sites based on these factors. Faculty will share any concerns regarding a student’s readiness to participate in a particular clinical experience during faculty meetings within the standing agenda item, “student issues”. At the ESR, faculty will vote on which students they feel are prepared and which students are not prepared to engage in the pending clinical education experience. A unanimous faculty decision is required for students to enter each clinical education experience. It is the responsibility of core faculty to first and foremost preserve the safety of patients and students to the extent to which they are able.

Process for Students not Prepared for Participation in a Clinical Practice Course: Students who are at risk or for whom it has been determined to lack the readiness for a scheduled clinical experience may not be prepared for a clinical practice course may be referred to the DPT Academic Review Committee (ARC). The ARC, who will develop a learning plan and contract that is designed to provide specific tasks with timelines for supporting the student in his/her preparation for the clinical practice course. To advocate for the student’s subsequent success in an upcoming clinical experience. In the event that a student is deemed to be unprepared to participate in advance to a clinical practice experience (with or without learning contract), the student may be offered an opportunity for further development within the requirements of a learning contract after which demonstration of competency and safety will be required before participating in the clinical experience. If failure to achieve competency and safety is not possible within the time frame required for the student to complete his or her clinical practice course, the student may be dismissed from the Program with or without the opportunity for readmission with the next cohort of students. All courses are pre-requisites of one another so failure to complete a clinical practice course may result in failure of the student to progress within the Program. The ARC, in conjunction with the ACCE, will determine if an exception can be made that would enable the student to complete a clinical practice course out of sequence. This will be decided upon an individual basis and based upon the extent and nature of each particular student’s deficiency and unique situation. When possible, efforts will be made for learning contracts to be fulfilled and competency and safety demonstrated prior to each clinical practice course so that students can remain within the established curricular sequence of the Program.

CLINICAL EDUCATION FACULTY ROLES AND RESPONSIBILITIES
The roles and responsibilities of the clinical education faculty (CCCE’s and CI’s) are clearly defined within the Physical Therapy Clinical Education Manual.

ASSOCIATED FACULTY ROLES AND RESPONSIBILITIES

Maintain Contemporary Expertise and Effectiveness in Teaching and Student Evaluation:

Each associated faculty member will pursue contemporary expertise in clinical practice in their assigned content area and demonstrate effectiveness in teaching and student evaluation as determined by the process of faculty evaluation. The Program's CEIM, as defined in Part VII of this manual, conveys the utilization of clinical experts as associated faculty throughout the curriculum.

Expected Responsibilities of Associated Faculty in the Program:

The expectations of associated faculty may vary depending on the role for which they are hired and their experience. The expected responsibilities of associated faculty may consist of the following:

- **Primary Course Instruction**: Associated faculty will be utilized to teach curricular content as primary instructors for specific courses. Based on the Program's curricular philosophy, associated faculty actively involved in clinical practice are greatly valued in their potential to connect the classroom to the clinic, that is a primary philosophical tenant of the Program. These individuals will be offered a semester term contract through the office of the President and as such are referred to Associated Contract (AC) faculty. In this role, associated faculty will be expected to deliver content, evaluate student learning, provide student advisement, and grade reporting. They will be expected to have dedicated time reserved for students weekly. They will provide feedback every semester related to the courses in which they were involved on the DPT Course Evaluation Form (Appendix G). These faculty are also expected to complete a DPT Associated Faculty Evaluation Form (Appendix E) at the conclusion of every course in which they are involved. This data will be discussed and recommendations considered by DPT core faculty during ESR.

- **Lab Instruction**: On an ongoing basis, associate faculty will be used as lab instructors within the clinical courses of the curriculum. As full-time expert clinicians, they will contribute a clinical perspective that represents contemporary clinical practice. Their involvement in these lab courses will assist the Program in achieving the required student to faculty ratio. In this role they will also serve as examiners for practical examinations and lab skill check-outs and exam development. These individuals will be identified by the primary course instructor for each course based on their content knowledge and clinical skill and will receive a semester contract. Lab instructors will provide substantive feedback regarding the course to the primary instructor, who will add this data to the Course Review Form. This data will be included during course review at ESR.

- **Guest Lecturing**: PT and non-PT associated faculty with specific areas of content knowledge will be identified by core faculty to deliver content within various courses throughout the curriculum and will be reimbursed on an hourly basis and thus referred to as Associated Hourly (AH) faculty.

- **Pro Bono Clinic Supervision**: Associated faculty who are involved in the Program will be asked to volunteer in the provision of care and to supervise students in a variety of developing pro bono options. As expert therapists, associated faculty will have the opportunity to become involved in this vital service-learning opportunity. These activities will not be reimbursed by the Program.

- **Student Tutoring and Advising**: Before and after classroom instruction, associated faculty may be involved in assisting students, individually or collectively, in understanding key concepts and preparing for exams. In cases where student learning contracts have been developed,
associated faculty may assist in providing important clinical and academic support for students and present themselves as role models.

- **Program Advisement:** Associated faculty may serve as expert clinical consultants for the Program. Associated faculty may be asked to provide feedback regarding specific aspects of the curriculum both informally and formally. Formally, associated faculty may have the opportunity to provide input via the Course Review Form. Selected associated faculty members may also offer feedback as members of the DPT Professional Advisory Board.

**Informing Associate Faculty of Expectations and Relevant Academic Policies:**

In order to clarify expectations and to communicate the details of the Program’s academic policies, associated faculty serving as primary course instructors will meet with the Department Chair for orientation and discussion related to the role of the course within the program at the time that their participation is confirmed. Associated faculty who will serve as lab instructors or guest lecturers will communicate directly with the primary instructor of the course in which they are teaching regarding relevant academic policies and details pertaining to the course. During these meetings, associated faculty will be provided with course syllabi as well as any materials already developed for each course. Associated faculty will be expected to have reviewed and be knowledgeable of both University and Program policies as outlined in these materials. The DC and core faculty will clearly communicate expectations to all associated faculty related to his or her involvement in each specific course. The DC will be prepared to review all materials, highlight any relevant policies, and be available to answer any questions.

**Participation of Associate Faculty in Program Governance:**

Although they are not eligible for tenure, associated faculty serving as a primary course instructor within the Program will engage in shared governance with the Program as it relates to the specific course in which they are involved. Core program faculty have developed the curricular plan and the content of each specific course within the curriculum with an appreciation of the Normative Model, contemporary practice, best practice standards, and in the context of the entire curriculum. The academic policies as determined by the Program will apply to each course within the Program. To ensure that the required content is delivered, the core faculty will determine the primary objectives for each course. The associated faculty member will adhere to all Program policies, however, in the area of course delivery and specific areas of course content associated faculty members will be actively involved. The Program has selected associated faculty for their clinical expertise and their feedback in these decisions will advance Program goals. Associated faculty who serve as primary instructors for a particular content area, as experts in this content, will be involved in making decisions regarding the specific content to be included, the manner in which this content is to be taught, and how students will be evaluated. Evaluative criteria for grading, rubrics for grading, student attendance policy, and instructional methods will be decided upon by the associated faculty member in consultation with core faculty. Shared governance will ensure that necessary content is equitably delivered across the entire curriculum while enabling each faculty member the ability to apply their expertise to the content of each course.

**Rights and Privileges of Associated Faculty:**

As outlined in the Alvernia University Faculty Handbook, an associated faculty member is a discipline-specific highly-qualified individual who is not employed by Alvernia University but is closely associated with teaching in a specific Alvernia University academic program. This individual must have the appropriate professional degree or license in the area of teaching activity and aligned with the academic program’s accreditation standards and/or outcome assessment criteria. The associated faculty member is not eligible for tenure and has no rights in the University Faculty Governance System. Appointment as an associate faculty member shall be based on a recommendation by the Department Chair, Department Chair, and College Dean and Provost approval is required. Evaluation and the potential for reappointment will be determined based on consistent, high quality teaching in the classroom, lab and/or clinical settings.
Each associated faculty member who will be the primary instructor for a course will be provided with a term contract that originates from the President of the University's office. Associate faculty who serve in other capacities will be appointed by the Department Chair and will not require a term contract. Term contracts, as outlined in the Alvernia University Faculty Handbook, are granted to non-tenure track full-time or part-time (adjunct) faculty. These contracts are absolutely limited to the term of employment and do not confer on a faculty member any entitlement to continued employment beyond the term specified in the contract. This contract will specifically outline the tenets of the agreement including the specific course(s) to be taught, responsibilities of the instructor and University, as well compensation. The contract will direct the instructor to consult the handbook for details regarding responsibilities.

Within the limitations of University policies related to the rights and privileges of associate faculty, the Program may offer additional privileges which may be used to assist in keeping faculty current in his/her area of expertise and to encourage their future involvement with the Program. Associate faculty will be issued an identification card upon hire and be given access to all buildings on campus, including campus fitness centers and the Franco library. Associate faculty will be offered an Alvernia University email address and technology support. Associate faculty will also be given access to Alvernia online search engines and data bases. These resources will be helpful in supporting faculty in their scholarly pursuits and in supporting their teaching endeavors. The use of secretarial support as well as resources, such as paper goods and the use of the copy machine, and computer access will also be offered. An associate faculty area will be made available for faculty to prepare for teaching and to meet with students and faculty. The Program will seek to acknowledge the valuable role of associate faculty and will make extraordinary efforts to provide associate faculty with the necessary resources designed to prepare them for their teaching responsibilities and to contribute to their professional development.

Informing Associate Faculty of their Rights and Privileges and Reimbursement:

Each Associated contract (AC) faculty member will receive two copies of his/her term contract by mail along with a letter of welcome and a new employee packet, prior to employment. As described, the contract fully outlines all rights and responsibilities associated with the acceptance of the position. This contract must be signed and returned to the College of Professional Programs office prior to the start of employment. Associated faculty who are performing duties other than primary course instruction and lab assisting will not require the execution of a contract. The policy for reimbursing Associated Hourly Faculty in the DPT Program is as follows:

1. Primary instructor identifies the AH faculty needed for a specific course and confirms with Department Chair the number of associated hours that has been budgeted for that course. Rates: lecture: $60/hour, lab/practical exam: $40/hour
2. Once the AH faculty is confirmed, the primary instructor completes the associated faculty request form and submits this completed form directly to the program secretary. This process is initiated once the secretary receives this completed form, therefore the sooner the form is submitted, the better.
3. Primary instructor requests that the AH send his/her CV to the secretary.
4. A copy of the AH faculty’s CV is kept on file.
5. The secretary constructs a contract using the template developed and signed by the Department Chair.
6. The secretary provides the contract and a W9 form to the primary instructor prior to the day and time that the AH faculty member plans on teaching.
7. Primary instructor has AH faculty sign the contract and complete the W9 the day that they are teaching, gives the AH faculty a copy, makes a copy for the course file in the file room of the DPT lab, and sends the original to the secretary.
8. The AH faculty member can expect payment in the mail within 2 weeks

Associated faculty will be directed to the Alvernia University Faculty Handbook, which delineates the rights and privileges of associated faculty members. Associate faculty will be encouraged to access this handbook as well as the DPT Policies and Procedures Manual online or in the printed version and to review all pertinent information upon hire. Verification of their acceptance of these policies prior to their acceptance of this position will be confirmed by completing the manual signature page.
EVALUATION OF FACULTY

DPT Core Faculty Evaluation:

The primary objectives of the DPT Faculty Evaluation process are: 1.) to support faculty in their individual development in the areas of teaching, scholarship, and service, 2.) to support individual faculty in their development as vital contributors to the Program, university, and community, 3.) to clarify each faculty member's role in pursuing the mission of the Program and university, 4.) to identify areas of needed improvement that requires further development, 5.) to provide evidence that supports faculty in pursuing tenure and promotion, 6.) to develop action plans to support faculty success and address areas of needed improvement, including measurable goals and timeline, 6.) to provide evidence of faculty who are not meeting the expectations and requirements of the Program and university.

The DPT Faculty Development Portfolio should include the following items: 1.) Curriculum Vitae, 2.) Faculty Professional Development Plan Form (university form revised annually as needed), 3.) DPT Faculty Evaluation Form, 4.) Teaching supportive evidence, 5.) Scholarship supportive evidence, 6.) Service supportive evidence.

The DPT Faculty Evaluation Form utilizes a process of self-assessment to evaluate performance in each of the primary faculty roles of teaching, scholarship, and service. This form will provide faculty with an opportunity to reflect on their development during the previous academic year, provide evidence of effectiveness in fulfilling their primary roles, and assist in the development of goals for the next academic year. Within the Teaching section of this form, faculty will describe their teaching philosophy and will rank themselves in each of 9 individual criteria using as a Likert-type scale that ranges from "strongly disagree" to "strongly agree". They will then be asked to provide a narrative related to their own personal teaching philosophy as well as the rationale for their assessment with supporting evidence. The Scholarship section of the form requires faculty to describe their present research agenda then list the projects in which they have engaged in during the previous year. For each criterion, faculty will rate themselves as "Needs Improvement", "Satisfactory", "High Standard", "Excellent", or "NA". Within the Service section, each faculty member assesses his/her performance in the area of academic citizenship within 13 criteria, then provides a list of service-related activities in the areas of community, profession, Program, College, and University. Each section ends with an overall rating and overall narrative summary.

Upon receiving the DPT Faculty Development Portfolio, the DPT Faculty Development Committee will review the portfolio and engage in a process of peer-assessment that includes meeting with each core faculty member for the purpose of providing feedback. Faculty members who are not achieving these objectives will be encouraged to incorporate methods for resolution into their individual development plans. As Program needs arise, faculty will be directed toward ways to incorporate efforts to address these needs in their individual faculty development plans. The committee will consider each faculty member's self-assessment in the context of the entire faculty and faculty members will be directed toward the use of his/her individual talents to achieve the Program's mission and goals in relation to other faculty. A letter of recommendation that summarizes the committee's findings and includes the committee's peer-assessment in each of the main areas will be prepared by the DPT Faculty Development Committee and submitted to the Dean no later than the first Friday of February each year. This letter will also be provided to the faculty member and placed in each faculty member's permanent file.

The DPT faculty evaluation process will be used primarily as a mechanism to quantify performance and assist in faculty development. The committee's peer-review and recommendation letter will provide additional data for decisions related to retention, promotion, and tenure. Faculty members who are not performing satisfactorily will be supported in their efforts to incorporate recommendations by the committee. Failure to meet expectations will result in an unfavorable recommendation to the Chair.
Faculty who have additional roles in administration or leadership within the Program (ie. DC, ACCE) will be evaluated in regards to the specific nature of these tasks by providing an additional narrative self-assessment and supportive evidence. The Department Chair will complete a DPT Faculty Development Portfolio and will submit this portfolio directly to the Dean by the first Friday in February, each year, who will then consider this self-assessment during individualized review. In addition all DPT core faculty will complete the Physical Therapy Department Chair Evaluation and submit this directly to the Dean, as described below.

The formalized faculty evaluation and development process is grounded in formative self-assessment and peer-review with the intent of developing each faculty member into a vital contributor to the institution and Program. The policy for evaluation of faculty within the DPT Program adheres to University policy but is more extensive than that required within other programs.

If faculty have been identified as failing to uphold the academic regulations of the Program or university, the Department Chair will seek to collect data from all involved stakeholders and plan to meet with the faculty member immediately. If a breach in upholding academic regulations is verified, the Chair will develop an action plan for resolution. If the issue involves an egregious act, immediate action will take place that may involve removal of the faculty member.

In summary, the process for DPT core faculty evaluation is as follows:

- Each core faculty member will complete a Faculty Development Portfolio, that consists of the University and DPT Faculty Evaluation Form and supportive documentation, and submit them to the Department Chair and DPT Faculty Development Committee no later than the last Friday in January each year.
- The DPT Faculty Development Committee will review these materials and confer with the faculty member.
- A summary of findings and recommendation letter will be prepared by the committee and provided to the Dean no later than the first Friday of February, each year.
- The Dean will provide a recommendation regarding retention, promotion, etc. to the Provost and President as delineated in the Faculty Procedures Manual.

**DPT Associated Faculty Evaluation:**

The Department Chair, in collaboration with core faculty, will have the primary responsibility of identifying, developing, and evaluating associated faculty within the Program. In accordance with University policy, all associated faculty members are evaluated by the Department Chair or “designated alternate”. Procedures for evaluation of associated faculty will include: review of student feedback, classroom observations performed by the Department Chair, or core faculty member who is the primary course instructor in which the associated faculty member is teaching, review of teaching materials (syllabi, assignments, examinations, and classroom handouts), and review of graded student reports and papers. The policy for evaluation of DPT associated faculty is similar to that described in the “Evaluation of Faculty” section of the Alvernia University Faculty Procedures Manual.

Upon hire of an associated faculty member who plans to teach within the Program as the primary instructor for a course, the Department Chair will provide the faculty member with relevant information and resources to help them fully understand the place of each course within the curriculum. Although the method of course delivery may vary, the objectives and content of each course, due to its role within the curriculum, are pre-determined. Associated faculty will be hired based on their ability to effectively meet the objectives of the specific course for which they are hired to teach. Associated faculty are subject to all of the hiring procedures in place for all new employees, which includes all appropriate clearances. Once the required paperwork is received and reviewed by Human Resources, a semester term contract is generated for associated contract faculty.

Associated hourly faculty who teach within a course as guest lecturer or lab assistant are evaluated by the primary instructor of the course using the DPT Course Evaluation Form. These forms are reviewed by faculty at end of semester retreat. Regular semester evaluations are designed to ensure that all areas of curricular content are being sufficiently and effectively provided, the mission and goals of the University and Program are being supported, and that associated faculty are receiving adequate support toward their individual, professional goals. Associated faculty will not be offered...
voting rights or the privilege of serving on faculty committees within the University. Therefore, associated faculty within the Program will not be evaluated in the area of service. Although scholarly activity is encouraged, associated faculty will not be evaluated in the area of scholarship. Procedures for evaluation of associated(contract) faculty who serve as primary instructor for a course will include: review of student feedback, classroom observations performed by the Department Chair or designated alternate, review of teaching materials (syllabi, assignments, examinations, and classroom handouts), and review of graded student papers and exams.

The decision to renew each associated faculty member’s yearly contract will be based on his/her teaching effectiveness. To determine teaching effectiveness all associated faculty who are assigned as the primary instructor for a course, the Department Chair will perform a classroom observation by completing the Classroom Observation Form (Appendix L). Associated faculty members will be evaluated on content delivery, course design, breadth and depth of course content, effectiveness of student assessment, effectiveness of teaching materials, and all other administrative aspects of the course. The Classroom Observation Form will be signed by the evaluator and the faculty member and a copy will be provided to the faculty member and another will be placed in his/her permanent file. Another measure of teaching effectiveness that will be considered for all associated faculty, other than those who serve as guest lecturers within a course, are the results of end-of-semester student evaluations. Once completed and results are tabulated, this data will be included on each DPT Course Evaluation Form. This combined data will be used to complete the DPT Associated Faculty Evaluation Form (Appendix E), which will be presented to Program faculty at the End of Semester Retreat. All associated (contract) faculty who serve as primary instructor for a course will complete a DPT Course Evaluation form for the course. This data will be presented by the Chair to Program faculty at the End of Semester Retreat. Associated (hourly) faculty that will be hired to provide lab assistance or to supplement the content of the course and not serve as a primary instructor for a course will be evaluated by the primary course instructor under the direction of the Chair. Feedback to associated (hourly) faculty will be provided by the primary course instructor. A review of associated (hourly) faculty performance in the context of the entire course will be documented on the DPT Course Evaluation Form and presented to Program faculty at the End of Semester Retreat. Copies of student feedback will be kept in the faculty member’s permanent file. Associated faculty evaluation will be formative and developmental in nature and designed to ensure that Program needs are being met and faculty are moving toward their professional goals.

In summary, the process for DPT associated faculty evaluation is as follows:

- In accordance with the Program’s mission, the Chair will budget for associated faculty assistance on a yearly basis for the purpose of infusing principles of contemporary practice provided by local clinical experts into the curriculum and in an effort to deliver all content until the full complement of core faculty have been hired.
- The Chair and DPT core faculty will identify qualified associated faculty for teaching as primary course instructors, guest lecturers, or lab assistants within the Program.
- Once an associated faculty member has been identified, the Chair and primary course instructor will orient the associated faculty member to the Program’s mission, philosophy, and curriculum.
- The Chair, or designated alternate, will evaluate the teaching effectiveness of each associated (contract) faculty member who serves as primary course instructor through performance of a classroom observation, completion of a Classroom Observation Form (Appendix L), and review of end of semester student feedback. The associated faculty member serving as primary instructor will complete the DPT Course Evaluation Form (Appendix G) and the Chair will present the results of this form at End of Semester Retreat. The associated faculty member who serves as primary instructor or lab assistant will complete a DPT Associated Faculty Evaluation Form (Appendix E).
- It is the responsibility of the DPT core faculty to evaluate associated (hourly) faculty who are teaching in one of their courses through use of verbal feedback and student feedback, when available. Feedback related to associated (hourly) faculty performance will be entered onto the
DPT Course Evaluation Form (Appendix G) and this data will be shared at the End of Semester Retreat.

- Data related to teaching effectiveness will be kept in each associated faculty member’s file and will be used to make future decisions about contract renewal.
- Associated faculty will be provided with the results of their classroom observation, student feedback, and faculty evaluation, as appropriate, at the conclusion of each semester and will be given the opportunity to discuss the results of this feedback with the Chair and/or primary course instructor.

Addressing Violations in Academic Regulations by Faculty:

The distinct processes used to address violations of academic regulations by faculty are dependent upon the individual faculty member involved: core, associated contracted, associated hourly, or clinical faculty (clinical instructors). For core faculty, the Department Chair identifies the infraction and meets immediately with the faculty member to gain understanding and all related facts, and corroboration. An action plan for resolution would be developed and implemented to achieve resolution, with follow up interactions scheduled to ensure complete resolution of the issue. If the action plan is not followed, is ineffective, or the infraction is egregious, the faculty member and Department Chair would meet with the Dean of the College of Professional Programs and further action may be taken in accordance with the Dismissal for Cause and Lesser Disciplinary Action, described in the AU Faculty Handbook. For all associated faculty, an identified infraction will be identified by a core faculty member, the course coordinator or Department Chair, and the same procedures will be followed. There have been no violations of academic regulation by any core or associated faculty to provide example since candidacy has been achieved to provide.

Evaluation of the Department Chair:

The Department Chair is assessed by the DPT Department faculty and by the Dean of the College of Professional Program, in accordance with established university policies for tenure/tenure-track full-time faculty and Department Chairs.

At the level of the department, the DC is evaluated by his faculty peers through an annual performance survey. The annual survey standards and elements are designed to evaluate performance against requirements established by the profession and those delineated by the university and seeks to establish overall leadership performance. The DPT faculty offer input in the multiple leadership domains, including Vision, Communication, Curriculum, Assessment, academic planning, and strategic planning, Fiscal planning and allocation of resources, Faculty evaluation and professional development, Academic advising and student issues, University engagement, Interpersonal and conflict management, Professional attributes, Leadership attributes.

The department summarizes assessment (survey) findings and uses them to guide a constructive discussion among the faculty and Department Chair. The survey evaluation of the Department Chair occurs in the spring semester, consistent with the timing for core faculty evaluation. Both the survey and meeting summaries are forwarded to the Dean College of Professional Programs.

The Dean follows university procedure and evaluates Depa:rtment Chairs/department chairs based on established criteria in the AU Faculty Handbook. Mutually established performance goals are created during a review session and the complete written summary is forwarded to the Provost for review, approval, and signature. Original faculty evaluations are maintained in the Provost Office, with copies are maintained in the Dean’s Office.

Association between Faculty Evaluation, Faculty Development, and Achievement of Program Needs:

The process of faculty evaluation, which is based on self- and peer-assessment is invaluable toward the development of new initiatives and areas for future development. In this way, faculty self-assessment will direct faculty development. After submission of the aforementioned documents, the DPT Faculty
Development Committee and Department Chair will meet with each faculty member to review the materials and to offer insight related to previous performance or future opportunities for development. The DC will ensure that the faculty are pursuing initiatives that are in line with Program goals and needs. The primary objective of this formalized evaluation and development process is to ensure that Program faculty are fulfilling the mission, goals, and outcomes of the Program. Through ongoing self- and peer-assessment, faculty will develop professionally in ways that meet the needs of the Program. As Chair of the DPT Faculty Development Committee, the DC may request that the faculty member come before this committee for the purpose of supporting their development in substantive ways. At any time in which a faculty member is not adequately fulfilling his or her responsibilities or is not in compliance with Program's mission, goals, and outcomes the DC will endeavor to support the faculty member. The DPT Faculty Development Committee may also be involved in supporting the faculty member in developing an action plan for addressing specific areas of deficiency.

Connection between Individual Faculty and Program Needs and Plans for Development:

Individual core DPT faculty development plans will be prepared and assessed in the context of the DPT Program mission, goals, expected outcomes, and needs. An explicit link between the development of each core faculty member within the Program and the mission, objectives, and needs of the Program will be developed.
PART 3: Planning, Assessment, & Outcomes
PHYSICAL THERAPY DEPARTMENT ASSESSMENT & PLANNING

Overview of the Program Assessment and Planning Process:

Program evaluation at Alvernia University is viewed as a continuous and University-wide process. At the core of Program evaluation is an assessment of the congruence of program activities with the mission of the University and the standards of professional practice, which is followed by a process of strategic planning, and eventually leading to modifications in Program design and implementation. With an increased emphasis on the assessment of student outcomes coming from accrediting agencies such as the Middle States Association of Colleges and Schools, Alvernia has embarked on a comprehensive assessment process. This effort is spearheaded by the faculty under the leadership of the Academic Assessment Committee. This committee, consisting of staff, administration, and faculty serves to centralize reporting of institutional effectiveness and learning outcome data and disseminate data to inform decision-making. This committee operates within the existing shared governance structure and is available to departments and programs to assist them in their assessment processes (AU Faculty Handbook). Following the recommendation of the Assessment Committee, Alvernia has implemented a University-wide process of program assessment. “Tk20”, an assessment system that offers a complete set of tools for managing data and curriculum mapping, institutional effectiveness, and reporting, was adopted in 2009. Tk20 will allow input and tracking of program outcomes and provide aggregate data for the purpose of outcomes tracking and reporting. This data will allow the Program to assess progress toward achievement of the mission and goals and will be used by faculty to direct future initiatives. Additional information regarding Tk20, including an instruction guide and tutorials, can be accessed at http://www.alvernia.edu/academics/provost/ir/TK20.html.

The primary purpose of assessment is to systematically and continuously improve the quality of teaching, learning, and student success. This process examines student learning at course, program, and institutional levels. Assessment is a faculty-driven, systematic, and continuous process that utilizes multiple sources to determine outcomes. The assessment process is guided by the following principles: 1. assessment is a process of inquiry leading to consensus about expectations for learning, 2. learning encompasses a range of student experiences, 3. assessment is a collaborative endeavor among members of the Alvernia community and beyond, 4. clear statements about measures of knowledge, skills, and values, which guide ongoing review is required, 5. assessment includes methods and sources by which useful data are interpreted. The Essential Learning Outcomes, by AAC&U, 2005, is the cornerstone of this process.

Demonstration of learning is required by Middle States Commission on Higher Education (MSCHE), who ensures congruence between mission and outcomes, and a commitment to improvement. Alvernia is committed to an internally driven process that espouses the belief that “teaching and learning is the necessary context within which assessment develops and matures.”(Maki, p.29)

Graduate Outcomes Report:

Each year the university requires all Programs to provide an outcomes report that describes how the Program has achieved the chosen student learning outcomes and provide artifacts of the evidence to support this self-assessment. Within the School of Graduate & Adult Education, the Graduate Academic Council, and most specifically the GAC Outcomes Committee, is responsible for choosing the annual Graduate Student Learning Outcome (GSLO) that will be assessed as well as collecting data and evaluating the Program’s response. This report will be developed by the DPT Outcomes Committee. The MPP Committee procures data from Outcomes to assess program policies in light of practices and determines if policies are meeting program needs.

Graduate Program Review Process:

The DPT Program will undergo a comprehensive review every 5 yrs by the Graduate Academic
Council (GAC). The purpose of the GAC is to oversee curriculum, policies, and assessment of all graduate programs. As outlined in the AU Faculty Handbook, one of GAC’s primary duties is to “evaluate and recommend improvements in academic policies and procedures”. GAC reviews the all graduate programs on a 5-year cycle. These reviews are data-driven and include: 1. data collection, 2. self-assessment of recruitment, admissions, advising, curriculum, outcomes, and 3. assessment by external evaluator. An approved action plan is developed from the review. To facilitate this process, data may be obtained from: Tk20, Provost, Office of Institutional Research, Office of Enrollment Management, G&AE and the Registrar's Office. The requirements are described in the GAC Program Review Guidelines (Appendix M). These requirements are from Characteristics of Excellence in Higher Education: Requirements of Affiliation and Standards for Accreditation, (MSCHE,2006).

Program Assessment and Planning:

Formal Program self-assessment occurs internally and externally (as noted above) on an annual basis at the conclusion of the academic year at the end of semester review (ESR) session and by GAC at 5 year intervals. Program outcomes are directly associated with the Program and university mission and professional standards. Program outcomes are aligned with professional standards as delineated within such documents as the Normative Model, GPTP, CAPTE Evaluative Criteria, Clinical Practice Guidelines (CPG), and seminal publications. Input from associated and clinical faculty and the professional advisory board within the context of the current best evidence and best practice standards will ensure synergy with contemporary PT practice and professional standards. Bimonthly faculty meetings allow for the exchange of ideas, however, formalized assessment is accomplished during the Spring ESR. Outcomes data that are collected from multiple sources will be used to comprehensively assess all aspects of the Program and will be used to determine strengths/weaknesses and the need for revision. If revision is required, measurable action plans with specific timelines will be used. Meeting minutes will be stored on an electronic storage area accessible to faculty/staff (“S” drive), and electronic copies will be maintained by the Chair and Department Secretary. See the DPT Assessment & Planning Matrix (Appendix N) and Tk20 (https://alvernia.tk20.com/campustoolshighered/k12_institutionalplanning_planning_menu.do?topmenu=true&action=planninglayout).

The established mission and Program goals will guide the process of Program assessment and planning. The Program’s strategic plan projects where the Program will be in 5 years and how it will get there. To emphasize the synergy with the University, this plan is described in the context of the University’s 2008-2018 strategic plan. In 9/2011, Pres. T. Flynn, charged the Alvernia Planning Advisory Council (APAC) with making recommendations to the Board of Trustees for the remaining 5 years of the plan. The following DPT Long-Term Plan (Appendix O) is designed to reflect and support the AU Strategic Plan 2011-2018, which was approved in 12/2011. The revised 2011-2018 plan identifies 5 priority goals: Identity, Educational Quality, Student Communities, Community & External Engagement, Resource Development. The DPT Long-Term Plan contains specific long-term goals, an action plan for each goal, and milestones that provide evidence of progress, which will be monitored and revised by both the DPT Outcomes and MPP Committees.

Responsibility for Assessment:

While the Chair is responsible for coordinating an ongoing collection and analysis of Program data from which outcomes are determined and summarized in the CAPTE Annual Accreditation Report (AAR), core faculty are involved in Program evaluation both individually and through committee participation. Core faculty have authority over the curriculum, Mission, learning outcomes, course design, and assessment of student achievement. Course-level assessment are essential components in Program assessment. The DPT Mission, Policy, & Planning (MPP), DPT Outcomes, and DPT Curriculum Committees (DPT Committee Descriptions, Appendix B) monitor specific aspects of Program assessment and provide feedback at faculty meetings and ESR. The DPT Outcomes Committee is the formal body primarily responsible for collecting and reporting outcomes data, identifying deficiencies, and determining the need and plan for revision. Each committee will meet a minimum of one time each
semester. The core faculty, under the direction of the Department Chair, are solely responsible for Program evaluation and revision.

Data Collection:

The DPT Outcomes Committee will develop mechanisms for the collection and reporting of both qualitative and quantitative data related to:

- Faculty teaching effectiveness as measured by the Student Feedback Evaluations (Appendix I), Classroom Observations (Appendix L), and the DPT Faculty Evaluation Form (Appendix E), as prepared by the DPT Faculty Development Committee (FDC), promotion and tenure review process which includes 2nd or 3rd year and 4th or 5th year committee review process, and dossier review by university Rank & Tenure Committee after 6 years for tenure-track faculty as per University guidelines (AU Faculty Handbook).
- Student progression through the Program and graduation rates measured annually as the total percentage of students who are graduating.
- Clinical education performance as measured by student and CI evaluation on the mid-term and final sections of the PT CPI Web and other Program-specific clinical education assessment forms measured for every student after every part- and full-time clinical practice course. Student evaluation of the clinical education experience as measured by the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (see PT Clin Ed Manual) for every student after every part- and full-time clinical practice course. Student satisfaction with the Program as measured by student responses on the DPT Student Exit Survey (Appendix H) and exit interview, which are measured annually within the student’s final semester of the Program just prior to graduation. Additionally, feedback is solicited from student representatives at DPT Professional Advisory Board Meetings and through officers of the Physical Therapy Student Association (PTSA) through informal and formal interactions with the Chair. Graduate satisfaction with the Program is measured by graduate responses on the DPT Graduate Survey (Appendix J) measured at 1 and 5 years following graduation.
- Graduate performance on the NPTE as measured from FSBPT data annually from 2018 and ongoing.
- Employment rate, job placement, and Program graduate’s employer assessment of the Program as measured by the Employer Survey (Appendix K) at 1 and 5 year intervals.

End-of-Semester Review (ESR):

A key component of the Program Evaluation Plan is the End-of-Semester Review (ESR). The ESR is a meeting of the entire DPT core faculty held shortly after the end of each Fall and Spring academic semester. Prior to these meetings, DPT faculty are required to reflect and complete a DPT Course Evaluation Form (Appendix G) for each course in which they served as primary instructor. Primary course instructors will solicit feedback from associated faculty involved in their course. Associated faculty who are serving as primary course instructors are required, with the assistance of a core faculty member if possible, to submit DPT Faculty Course Evaluation Forms to the Chair who will present the results of these reviews to the faculty during the ESR. At the ESR, the faculty will share information, including: course objective outcomes, strengths and needed changes to learning activities, student grades related to progression and retention. During this time, the ACCE will report on student performance and the overall learning experience during each clinical practice course that was completed during the prior semester. In addition to a review of prior semester activities, the ESR will serve as an opportunity for core faculty to reflect on the overall mission, goals, outcomes, and strategic planning for the Program. Each of the DPT Committees will provide reports, and new Program initiatives and strategic planning, among other topics, will be discussed. In addition, during the ESR, there is discussion related to any needed curriculum changes, NPTE results, alumni and employer surveys, and accreditation activities etc.

DPT Professional Advisory Board:
The DPT Professional Advisory Board was established for the purpose of ensuring that the Program’s mission and goals accurately reflect current trends and best practice standards of the profession and that the Program responds to the needs of the community and workforce trends. The board meets on a biannual or annual basis and makes recommendations to the core faculty. These recommendations are important for guiding Program initiatives provide important outcome data related to the Program, collected on a yearly basis and in accordance with the Program’s CAPTE accreditation review cycle. The advisory board consists of local physical therapist clinicians, educators, and researchers as well as local healthcare administrators, local healthcare-related business professionals, University administration, physicians, and health professionals from disciplines outside of physical therapy. Student class officers occupy seats on the advisory board and present during planning meetings thus providing an important perspective and helpful input. In addition to internal Program review, the DPT Professional Advisory Board deliberates over the current and future direction of the Program as it relates to the stated mission and goals and the future of the profession during Board meetings. Information from each End of Semester Review and the Annual Accreditation Report are shared with the DPT Professional Advisory Board. Minutes from these board meetings reflect deliberation regarding these topics. Recommendations from the Board are considered and voted upon by the core DPT faculty during the spring End of Semester Review and agreed upon changes are implemented as appropriate in accordance with Program, faculty, and University policy and procedures in the next academic year. See DPT Advisory Board Information (Appendix C).

Process for Maintenance and Utilization of Outcomes Data:

Once outcomes data has been collected, it will be maintained in the Tk20 electronic database. Core faculty will initiate efforts to address any Program deficiencies identified through analysis of the outcomes data and will develop an action plan to rectify any areas in which the Program partially fulfilled or did not meet threshold criteria under the direction of the Chair and chairperson of the DPT Outcomes Committee. Progress toward achieving Program goals and the plan to address Program weaknesses will be monitored by the Chair and DPT Outcomes Committee and outcomes data specifically regarding progress toward these goals will be reviewed annually and every 5 year intervals. Corrective actions designed to address any identified Program weaknesses will be in place and ready to be implemented at the start of the next academic year and a timeline for resolution of the deficiency will be explicitly stated in the goals and outcome measures that are established in Tk20. When possible, correction of the identified deficiency will occur within one academic year or before from the time that the corrective action is implemented. The Program’s success in achieving its mission and goals will be determined in the context of professional standards and guidelines and the mission and policies of Alvernia University.

All graduate academic programs at Alvernia University are reviewed by the Graduate Academic Council (GAC) on a rotating five year schedule. The analysis of the Program includes: vision and mission, trends in the field of study, resource allocation and administrative support, overall evaluation of student and faculty development, curriculum, and evaluation of program performance. A written report precedes an oral presentation to the council. The GAC submits a written report to the Provost regarding its findings and assessment and the data is used in academic planning. As the Program prepares for review at the GAC, faculty will evaluate the Program in all of the dimensions described above and attempt to combine this review with that required for accreditation.

DPT Program Planning Matrix:

The DPT Assessment & Planning Matrix (Appendix N) has served to guide the Program during the candidacy phase but has been converted to the CAPTE-required form in 2017. This matrix provides a detailed and formalized plan for ongoing Program assessment and planning. The Program assessment and planning process will consistently utilize information related to professional standards and guidelines as well as the institutional mission and policies. In order to assess the Program’s congruency with professional and institutional standards, such documents as the Normative Model for Physical Therapist Education, CAPTE evaluative criteria, and the Guide to Physical Therapist Practice will be utilized for Program development and ongoing assessment. In addition, the University’s mission and policies including the AU Faculty Handbook as well as other published University documents will be utilized.
Data is collected in each of the key areas every semester, typically at ESR. The core faculty are responsible for data collection, evaluating the extent to which each area is meeting the needs of the Program and is in alignment with the Profession and Institution, and developing strategies with a timeline for addressing any areas of deficiency. Core faculty typically accomplish these tasks through an ongoing collaborative process that organizes faculty into committees. Each committee is charged with collecting data and addressing Program needs related to the specific purview of each committee. Based on collected data, a strategic plan is developed that culminates in Program improvement.
PART 4: Program Policies
GRIEVANCE POLICY

Overview:

It is the practice of the University to direct formal complaints to the group best qualified to address the specific area of concern. Student or faculty complaints are directed to the grievance procedures in the student or faculty handbook; issues of ethics are directed to EthicsPoint; complaints concerning research are directed to the Institutional Review Board, complaints concerning Discrimination, Equal Employment or Harassment are directed to the Office of Student Life/Human Resources. Each of these bodies is responsible for following up on complaints and maintaining records of the disposition of each complaint. Student records related to formal complaints will be kept on file by the appropriate office within the University which includes the Provost’s office for student, faculty complaints or issues of ethics, the Chair of the IRB’s office for complaints related to research, and in the Human Resources office for any complaints related to discrimination, equal employment, or harassment. Any complaints made directly to the DPT Program such as complaints from clinical education sites, employers of graduates, and the public will be maintained in the student’s confidential file located in a locked cabinet in the DPT Department Chair’s office. These files will be maintained in this fashion for a period of 5 years from the time of separation of the student from the University, after which they will be purged while maintaining confidentiality.

University policies related to the handling of complaints are presented and made available to students and faculty within the Alvernia University Faculty Handbook, Alvernia University Course Catalog, Alvernia University Graduate Catalog, Alvernia University Student Handbook, and Alvernia University Employee Handbook.

Policy and Procedure for Handling Grievances Outside of the Department:

An individual or organization who experiences an unfavorable experience with any student, faculty member, or staff member of the Alvernia University Doctor of Physical Therapy Program is able to file a written grievance. This grievance should be filed within 30 days of the offending incident(s) and should be addressed to the Doctor of Physical Therapy Program Director. The written grievance and any corrective action(s) will be kept on file in a locked cabinet in the Program Director’s office for a period of 5 years, after which they will be purged while maintaining confidentiality.

Complaints should be addressed to:
Alvernia University
Physical Therapy Department Chair
400 Saint Bernardine Street
Reading, PA 19607

DPT Procedure for Handling Grievances:

The Program procedure for handling such grievances is as follows:
1. The party wishing to file a grievance should submit a detailed written explanation of the grievance to the DPT Program Director. The description of the complaint should be as detailed as possible and should include the names of all involved parties, dates of the incident(s), and any actions taken since the incident(s).

2. Upon receiving the written grievance, the Program Director will discuss the complaint directly with the complainant within 7 days from the date that the grievance was filed.

3. Based on the discussion with the complainant, the Program Director will develop a written plan to investigate and address the complainant’s concerns. This written action plan will be sent to the complainant.
4. If the complainant is satisfied with the written action plan, a letter from the Program Director acknowledging the resolution of the complaint will be filed with the complaint in the Program Director’s office and a copy will be sent to the complainant.

5. If the complainant is dissatisfied with the written action plan developed by the Program Director or if the complaint is related to the Program Director, the complainant will be encouraged to submit a written grievance to the Dean of the College of Professional Programs. The Dean will contact the complainant directly and develop a written corrective action plan, which will be filed with the complaint in the Program Director’s office and a copy will be sent to the complainant. The Dean will meet individually or jointly with all parties involved to seek resolution.

6. If the complainant remains dissatisfied with the Dean’s written action plan for resolution, the complainant is encouraged to contact the Provost of the University. A written corrective action plan for resolution will be developed by the Provost and filed with the complaint in the Program Director’s office and a copy will be sent to the complainant. A letter outlining the final resolution of the grievance by the Provost will be filed in the Program Director’s office and a copy will be sent to the complainant.

7. A copy of the grievance and all written corrective action plans for resolution will be kept on file in the Program Director’s office for a period of up to 5 years from when the complaint was filed.

**RIGHTS, RESPONSIBILITIES, SAFETY, PRIVACY, DIGNITY OF FACULTY & STAFF**

The institutional policies and procedures that affect the rights, responsibilities, safety, privacy, and dignity of Program faculty and staff are identical to those which apply to all faculty and staff within the University and can be found in the **AU Faculty Handbook**, **AU Graduate Catalog**, and the **AU Employee Handbook**. These University policies and procedures apply to all faculty and staff within the DPT Program. These policies and procedures will be disseminated to Program faculty and staff at the time of hire in electronic form and in printed form upon request. The institutional policies related to Program faculty and staff rights and responsibilities include the following: **Non-Discrimination**, **Harassment**, **Confidentiality**, **Promotion and Tenure**, **Faculty Development**, **Grievance**, **Professional Liability Insurance**, **Workplace Safety**.

**RIGHTS, RESPONSIBILITIES, SAFETY, PRIVACY, DIGNITY OF STUDENTS**

The University policies and procedures that address the rights, responsibilities, safety, privacy, and dignity of DPT program students can be found under the heading **“Community Standards”** in the **AU Student Handbook**. More specifically, they can be found under the headings, **“Students’ Personal Rights”** and **“Students’ Collective Rights”**, **“Student Code of Citizenship”** and **“Examples of Prohibitions that Flow from the Tenets of the Student Code of Citizenship”**. All of the policies identified below will be made available to students via the catalogs which are identified below at the time of enrollment, either through the University homepage, the Program homepage, or in printed form upon request.

**Student Background Checks and Clearances:**

For details related to Student Background Checks and Clearances, see the **Physical Therapy Clinical Education Manual**.

**Additional Student Fees:**

Students will pay an annual comprehensive program (student activity) fee annually and a program fee per semester. Costs associated with the need for emergency medical care while the students are involved in off-campus educational experiences will be handled by the student’s insurance coverage, which all students must have prior to admission into the program. Any deductibles, co-pays, or costs for care not
covered by insurance will be the responsibility of the student and their families. Students will also incur additional costs related to textbooks and supplies that are required for each course. Students may incur travel and housing costs during any of the full-time clinical education experiences. Students will incur a $100 Graduation fee. See the Physical Therapy Department homepage at http://www.alvernia.edu/academics/graduate/dpt/fall_2017_cohort.html for details related to additional student fees.

**Confidentiality of Records:**

The Federal Family Education Rights and Privacy Act of 1974 (FERPA) protects a student's educational records from unauthorized disclosure to third parties. A student must sign a consent form to grant access to his/her Community Standards record before the Office of Community Standards will disclose the information contained in the student's records, unless an exception is permitted by law. These privacy requirements apply to students' parents and/or legal guardians except for specific situations. Federal law makes an exception in these cases and does allow, but not require, the University to share Community Standards information. FERPA affords students certain rights with respect to their academic records. For information on FERPA rights, the student is directed to the Registrar's Office.

The policy related to the confidentiality of records that involve student disciplinary action is described in the AU Student Handbook under the heading, "Privacy of Community Standards Records". The policy for student inspection of their records is under the heading, "Inspection of Community Standards Records" and parent review of student disciplinary file records is found under the heading, "Parent/Legal Guardian Notification". The policy regarding the making of amendments to disciplinary records is found under the heading, "Amendment of Records".

**Release of Medical Information to Clinical Sites:**

For details related to the Release of Medical Information to Clinical Sites, see the Physical Therapy Clinical Education Manual.

**Protection of Information used for Verification of Student Identity:**

The DPT Program will protect information that may be used to verify student identity in accordance with University policy as dictated by FERPA. As described above, this Act protects student educational records from disclosure to third parties. Information that may be used to verify student identity will be protected and only information required by Alvernia faculty and staff to safely and effectively engage the student in the course of study will be provided. Information that may be used to verify student identity will be contained within the student's file and maintained in a locked cabinet in the locked DPT Program Office and available only to Alvernia faculty and staff who are directly involved in the student's course of study. Prior to disclosure of any information to other parties for educational purposes, such as clinical sites or associated faculty, students will be asked to provide written approval to release this information to the Registrar's Office and PT Department Chair.

During all clinical education experiences, Alvernia University DPT students will maintain ID cards and name badges at all times when they are at the off-campus clinical site for the purpose of identification. The policy for protection of student identifying information can be found in the PT Clinical Education Manual under the heading, “Student Identifying Information”.

**Information Shared with Clinical Facility:**

For policies related to Information shared with Clinical Faculty, see the Physical Therapy Clinical Education Manual.

**Request for Accommodation:**

The DPT Program has adopted a policy of non-discrimination. All students must successfully perform, with or without reasonable accommodation all of the Essential Functions contained in Part V of this
manual. Alvernia University determines its ability to meet the specific requests of special needs students on a case-by-case basis. Reasonable accommodations, as defined by Act 504 and the Americans with Disabilities Act (ADA), are provided when students self-identify and provide documentation to the University's Disabilities Services Coordinator. In accordance with Act 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), the University offers accommodations to students with documented learning, physical and/or psychological disabilities. It is the responsibility of the student to contact the ADA coordinator, preferably prior to the beginning of the semester, to initiate the accommodation process and to notify instructors as soon as possible to develop an accommodation plan. Course requirements will not be waived but, if possible, reasonable accommodations will be made to allow each student to meet course requirements. Students needing assistance should contact the Disabilities Services Coordinator in BH 1121-A, at 610-796-8423. Details on academic support for special needs students can be found in the “University Procedures” section of the AU Student Handbook.

**Professional Liability Insurance Requirements:**

Professional liability insurance coverage is provided for DPT Program students through United Educators - Policy No. LDC201200273700 (www.ue.org), which is renewed annually on July 1 beginning at 12:01 a.m. at address of 400 Saint Bernardine St., Reading, PA 19607 with the retroactive date of the previous July 1 at 12:01 a.m. The limits of liability (including defense costs) are $1,000,000 each claim, $3,000,000 annual aggregate, with a deductible of $10,000 per claim.

Students enrolled in the Program are automatically covered and do not need to enroll for professional liability coverage. Students are expected to immediately report any incident related to or arising out of a Professional Service or Professional Internship Program to the PT DC and/or ACCE who in turn will report the incident to Alvernia University's insurance carrier. The policy covers any actual or alleged wrongful act in the performance or failure of performance of any professional service or while performing services in a professional internship program. Professional services are activities that may only be legally performed by a person holding a professional license, regardless of whether the person is licensed or not; and, whether the person is an employee, uncompensated volunteer or independent contractor of Alvernia – as long as they are acting within the scope of his or her professional license and only while acting within the scope of his or her duties assigned by the Included Entity (i.e. Alvernia or internship site). It does not include any activity for which an employee is compensated by any party other than an Alvernia or internship site.

**Potential Health Risks and Standard Precautions:**

The Occupational Safety and Health Administration (OSHA) requires that all health care workers understand the dangers of blood borne pathogens and how to protect themselves and others through the use of standard precautions. The DPT Program, as well as many of the contracted clinical facilities require that students have been educated in regards to standard precautions. The DPT Program provides education regarding standard precautions within the first semester of the Program in **DPT 522: Clinical Practice I** and revisits these principles in subsequent coursework. This session is mandatory and students must sign a declaration page indicating that they have received such training, which will be placed in the student’s clinical education file in the office of the ACCE. A copy of this signed document will be provided to a student's assigned clinical facility, upon request. During each clinical experience, students are required to follow all clinical facility policies regarding blood borne pathogens. Such policies include, but are not limited to, standard precautions, regular hand washing, and the appropriate use of personal protective equipment such as gloves, gowns, masks, and goggles. Any potential exposure to body fluids must be reported via the facility's reporting mechanism with an additional report made to the ACCE. Any follow-up care will occur upon the advice of a physician.

**Exposure Control Plan:**

Policy: The DPT Program’s Exposure Control Plan is designed to reduce the chances of exposure to blood borne pathogens that individuals in the DPT Program may encounter during classroom, laboratory, or clinical education experiences. Blood borne pathogens include, but are not limited to, the hepatitis B virus (HBV), hepatitis C virus (HBC), and human immunodeficiency virus (HIV). The following information will serve as a supplement to the guidelines put forth in the Exposure Plan written for all employees of Alvernia University. These guidelines were established by the Occupational Safety and Health...
Administration (OSHA) standard, 29 CFR 1910.1030. This plan specifically focuses on the following individuals: 1.) Licensed Physical Therapists serving as clinical or associated faculty involved in educational activities with DPT Program students, 2.) Core DPT Faculty involved in educational activities with DPT Program students, 3.) DPT Program students engaged in classroom, laboratory, or clinical education experiences within the curriculum, 4.) DPT Program students engaged in pro bono services or service-learning activities arranged through the Program.

Procedure: All DPT core faculty and students must attend an annual training seminar on blood borne pathogens. The University will be responsible for providing this information and training. All employees are encouraged to review the detailed exposure control plan developed by the University, which is available in the Health Center. It is important that all bodily fluids are treated as if they contain a blood borne pathogen. The following activities may place an individual at risk for encountering the potential exposure to a blood borne pathogen: performing CPR that includes resuscitation using mouth to mouth; dressing wounds, burns, blisters; managing an ill individual (vomit); suture/post-surgical dressing removal; assisting physicians with procedures or operating room observation; proper disposal of soiled linens and towels; cleaning tables and infected areas; proper disposal of biohazard waste.

Compliance: The goal of compliance in preventing disease transmission of blood borne pathogens is achieved in several ways. Appropriate engineering and work practice controls along with practicing Universal Precautions can help protect all members of the Program. Appropriate containers for biohazard waste along with personal protective equipment are available in the DPT learning space. All waste soiled with potentially infectious material should be disposed of in specific containers for hazardous waste and labeled accordingly. Appropriate hygiene measures (i.e. hand washing) should be performed immediately after care of a sick and/or injured individual. Antiseptic gels or wipes will be used for routine cleaning of equipment. Areas that are in direct contact with individuals will be cleaned using antiseptics after each use. If hands come in contact with any bodily substance or materials contaminated by a bodily substance, they should be washed with soap and water immediately. A sink with antiseptic hand cleanser is available in the DPT learning space. No food or drink will be allowed in the DPT learning space due to possible exposure to blood borne pathogens. It is important that personal protective equipment be used when the potential for exposure exists. This equipment consists of the following: latex gloves, goggles, face shields, CPR masks, and gowns. Any equipment that is single use should be disposed of in red biohazard bags. Any sharps instruments (i.e. needles or scalpel blades) should be placed in an appropriate sharps container. An appropriate disinfectant solution will be made available in the circumstance that any surface is soiled with blood or body fluids. All surfaces used during lab experiences will be routinely cleaned using disinfectant solution.

Post-Exposure: In the event that an exposure incident occurs, the involved individual must contact his/her direct supervisor or faculty member. If the supervisor is unable to be contacted, treatment should not be delayed. The following steps should be taken after an attempt to contact the supervisor: 1.) Wash the affected area with soap and water. If an eye splash injury occurs, flush the eye with water, 2.) Go immediately to the nearest Emergency Room with your source individual, if feasible, 3.) If an individual is at an off-campus clinical facility at the time of exposure, go to the nearest emergency room in the respective area. Do not wait until you return from the experience or activity before receiving care, 4.) the involved individual should follow-up with recommended care as directed by the Emergency Department personnel, 5.) the involved individual should inform the DPT Department Chair of the event and inform him/her of the recommended treatment plan and any treatment that has been provided since the exposure.

It is important that documentation of the incident also takes place immediately on the Exposure Incident Report form (Appendix P). This document will contain the route(s) of exposure and how the exposure occurred. The exposed individual will be given the option for baseline blood testing. If the source individual is known, they will be given the option to consent for testing to determine HIV, HCV, and HBV status. If the source individual is already known to have a blood borne disease, new testing does not need to be performed. If their status is unknown and they consent to testing, laws protecting the confidentiality of this information will be followed.
Storage and Use of Hazardous Materials:

The DPT Program maintains compliance with OSHA’s laboratory health standards. Occupational Exposures to Hazardous Chemicals in Laboratories (29 CFR 1910.1450) requires employers of laboratory employees to implement exposure control programs and convey chemical health and safety information to laboratory employees working with hazardous materials. Specific provisions of the standard require: 1.) laboratory inspections, 2.) establishment of standard operating procedures for routine and “high hazard” laboratory operations, 3.) research protocol safety reviews for procedures, activities or operations which employer believes to be of a sufficiently hazardous nature to warrant prior approval, 4.) employee exposure assessments, 5.) medical consultations/exams, 6.) employee training, 7.) labeling of chemical containers, and 8.) the management of chemical safety information sheets (Material Safety Data Sheets) and other safety reference materials. The standard’s intent is to ensure that laboratory employees are apprised of the hazards of chemicals in their work area, and that appropriate work practices, procedures and controls are in place to protect laboratory employees from chemical health and safety hazards.

The Alvernia University Chemical Hygiene Plan—Document ID No. S-2 provides the standard operating procedures (laboratory practices and engineering controls) that identify the safeguards that should be taken when working with hazardous materials. These safeguards will protect the students and faculty from unsafe conditions in the vast majority of situations. There are instances, however, when the physical and chemical properties, the proposed use and quantity used for a particular purpose or the toxicity of a substance will be such that either additional or fewer controls might be appropriate. Individual laboratories may modify these procedures to meet their specific uses and operational needs. These modifications, however, must be in writing and maintained in the laboratory with a copy of this document. In addition, the Hazardous Materials Safety Committee should also be informed of these changes. The manner in which Alvernia University is complying with each of the elements in OSHA’s laboratory standard is detailed in the Chemical Hygiene Plan. An official copy of this document is located in the Facilities Department Office. It is available for review between the hours of 8:30 and 4:30 Monday through Friday when the university is open. Copies of this plan are also available in the reference section of Franco Library.

Within this document, important information regarding the storage and use of hazardous materials can be found under the following headings: “Chemical Hygiene Responsibilities” are described on page 1, “Hazardous Chemical Definition” is defined on page 3. “Hazard Identification” on page 4, “Chemical Safety Training” on page 4, “Chemical Safety Information Sources” on page 5, “Material Safety Data Sheets” on pages 6-9, “Laboratory Safety Inspection Program” on page 10, “Good Work Practices/Procedures for Handling Laboratory Chemicals” on page 11, “Personal Protective Clothing and Equipment” on page 13, “Laboratory Safety Equipment” on page 16, “Chemical Storage Requirements” on page 18, “OSHA’s Laboratory Health Standard” on pages 61-70, and “Laboratory Safety Reference Material” on page 72.

Safety Regulations and Emergency Procedures:

Safety regulations and emergency guidelines are outlined in the AU Emergency Guidelines and Procedures Manual, which are available to the students in written form. A copy of this document is located in the DPT Learning Space. An Emergency Procedures Placard and an Evacuation Plan are posted in every classroom on campus to advise students and faculty about emergency procedures and evacuation. Additional questions regarding emergency procedures can be obtained by contacting the Alvernia University Public Safety Department at 610-796-8350. Within the Alvernia University Emergency Guidelines and Procedures Manual, important information regarding safety regulations are included under the following headings: “Emergency Reporting Procedures”, “Call Box Locations”, “Evacuation, Sheltering, and Lockdown”, “Fires”, “Medical Emergencies”, “AED’s”, “Natural Disasters”, “Violent or Criminal Behavior”, “Sexual Assault”, “Civil Disturbances”, and “Bomb Threats”. A first aid kit and sharps container are located with signage in the DPT Learning Space in the cabinet above the sink, along with all manuals related to safety and exposure to hazardous materials.

The Alvernia University Crisis Management Plan is available to students upon admission. This document includes important information under the following headings: “Emergency Service Phone Numbers”, “Emergency Personnel Team”, “Emergency Team Phone Chain”, “Types of Emergency
Incidents”, and the “Crisis Disaster Response System”.

In an effort to ensure the safety and security of the Alvernia community, the University has adopted **E2 Campus**. E2 Campus is a campus-wide, text-messaging system that will enable Alvernia University officials to communicate with registered students, faculty, staff, and parents in the event of a catastrophic emergency. E2 Campus is voluntary, but students, faculty, and staff are encouraged to register. It is the surest and most efficient way to provide information that is critical to the safety and well-being of everyone in the University community. This policy is described under the heading, **"E2 Campus Registration"** in the **Alvernia University Emergency Guidelines and Procedures Manual**.

The closest **Automated External Defibrillator (AED)** to the DPT learning space is located in the gymnasium on the wall near the exit doors facing Room 112 in the Physical Education Center (PEC), which is located just directly above the DPT learning space. Another AED is located in the Athletic Training Room, which is located one floor above the DPT learning space in the PEC. A third AED is located just outside of the Athletic Director’s office (Room 205) in the PEC. During CPR training, DPT students will learn how to safely use an AED.

OSHA 29 CFR 1910.157(d)(2) and NFPA 10 Chapter 6.2.1.1 mandate that the distribution of portable fire extinguishers allow for a maximum travel distance of 75 feet for a Class A fire extinguisher. One portable fire extinguisher is located in the DPT learning space just outside of the ACCE’s office, which fulfills this regulation. In accordance with OSHA and NFPA regulations, the Alvernia University Fire Prevention Plan requires that only trained employees are authorized to use a fire extinguisher. Alvernia University offers fire extinguisher training on a regular basis. See **Alvernia University Fire Prevention Plan**.

**Maintenance of Equipment:**

The dedicated DPT learning space, classroom space, and faculty offices will be maintained by the Maintenance Department of Alvernia University. Such maintenance will include routine cleaning and general repairs. Annual inspection and maintenance of fire extinguishers will be addressed by the Maintenance Department. **Muhlenburg Medical Repair**, Inc. at 127 W Summit Street, Mohnton, PA 19540, (610) 777-9693 will be contracted to perform annual equipment inspection and repairs that exceed the limitations of warranties. All electrical equipment will be affixed with a current inspection sticker that can be easily viewed.

Regular cleaning of the equipment and facilities will be performed on a weekly basis through the use of work study students who have been assigned to the DPT learning space. During weekly cleaning, work study students will take inventory and report to the Department Chair any supplies that need to be re-ordered or equipment that must be repaired. At the end of each semester, work study students will take a formal inventory of equipment and supplies using the **“DPT Equipment and Supplies Checklist”**. This list includes the name and amount of all equipment and supplies located within the DPT lab. DPT students and faculty will also be encouraged to clean all equipment after each use and to report any items that need to be repaired or re-ordered. In addition to weekly cleaning, thorough cleaning of the DPT lab space will occur at the conclusion of each semester by DPT work study students and University maintenance staff.

**Classroom and Laboratory Access:**

During the semester while classes are in session, currently enrolled DPT students will be given access to the DPT Program learning space on the ground floor of the Physical Education Center (PEC) on Alvernia University’s main campus between the hours of 7:00am until 11:00pm with extended hours during examination weeks. Campus security will routinely patrol the building and surrounding area 24 hours/day, 7 days/week. An emergency phone will be available at the entrance of the DPT learning space to allow students to contact campus security in case of an emergency. Information related to procedures to follow in the case of an emergency as well as an evacuation route is posted in the DPT lab space. Campus security will be available 24 hours/day, 7 days/week to provide assistance as needed.

All DPT students will be oriented to the lab during their first semester in the Program. This orientation will include the location of AED’s, external phone line, fire extinguisher, and all equipment that is at their
disposal. The policies that govern student use of the learning space are posted on the **DPT Lab Use Policy Placard (Appendix Q)** within the learning space. Each student will acknowledge their acceptance of these policies by affixing their signature to the front page of the **PT Policies & Procedures Manual** during orientation. The following policies, will govern student use of the DPT lab in the Physical Education Center (PEC):

- Only DPT students who are currently enrolled in the DPT Program will have access to the lab before, during, and after classroom hours. No other students may use the lab space without the consent of the DPT Faculty.
- Only DPT students are permitted to utilize the equipment located within the DPT lab including, but not limited to, computers, printers, screen, exercise equipment.
- DPT students will utilize the lab at their own risk.
- DPT students will be expected to utilize only the equipment for which they have been trained during their coursework within the DPT Program at Alvernia.
- DPT students must follow all precautions and contraindications for the use of all equipment.
- DPT students using the lab must properly clean all equipment after each use and restore the lab to a neat and orderly appearance after each use.
- DPT students will remove shoes when using the tables and any other clothing or accessories that may damage the equipment (ie. belt buckles, jewelry, etc).
- If equipment is damaged, the responsible party should inform DPT faculty or staff immediately.
- No equipment or supplies will be removed from the lab without the consent of the DPT faculty.
- The last person to use the lab must lock all doors before leaving.
- To gain access outside of normal classroom hours, students will utilize their identification cards to operate the card access system located at the external door of the building and at the inside door to the DPT lab. The card access system provides information to campus security regarding student use of the DPT lab.
- Students must maintain their ID cards to verify their identity the entire time that they are within the building.
- An elevator is available to gain access to the ground floor of the PEC and is available for student use during open lab hours.
- The DPT lab will be available for student use when the PEC is open. The DPT lab will be open for extended hours during mid-term and finals week.
- Before and after classroom hours, students are encouraged to enter the DPT lab in the company of at least one other classmate.
- Students should contact **Campus Security** immediately if any issues arise at (610) 796-8350. A phone is available in the DPT lab for student use as needed.

**Due Process:**

Alvernia University’s policies related to ensuring that students are provided with the fundamental principles of justice and entitled to proper legal procedures are provided in the **Alvernia University Student Handbook**, which is distributed to all students upon admission to the University by the Admissions Office. These policies are described under the heading, “**Community Standards**”, “**Students’ Personal Rights**”, “**Students’ Collective Rights**”, and “**Rights of Accused Students**”.
The process for corrective actions are provided under the headings, “Interim Suspension”, “Community Standards Conferences”, “Preliminary Conference”, “Reconsideration of Sanction”, “Formal Administrative Conference”, and “Sanctions”. The process for student appeals is described under the heading, “Appeal Process” and the policy related to confidentiality is also fully described under the heading, "Confidentiality of Student Records". University policies related to student appeals as it relates to academics are described in the Alvernia University Graduate Catalog under the headings, "Student Appeals", "Appeal of Grades", and "Due Process for Grade Appeals". The University’s due process policy related to a student’s dismissal from a program or the University is described under the headings, "Dismissal from the Academic program", "Dismissal from the University", and "Due Process for Dismissal from a Program or the University". Policies for due process related to academics are described in Part 6 of this Manual.

Protected Health Information (PHI):

During Program orientation, students will be introduced to the proper use of PHI. Formal HIPAA training will be conducted as part of the course requirement for DPT 522, which occurs in the first semester of the Program (see "HIPAA Training" below). Students will be expected to strictly follow all guidelines established by the host clinical site related to the use of PHI. Students will receive further instruction related to PHI and HIPAA throughout the Administration and Education track of the curriculum, most specifically in DPT 604 and 704 (see course syllabi). Students will be tested to assess their comprehension of this information. In addition, DPT faculty will model strategies for proper handling of PHI as they incorporate actual patient scenarios into regular classroom and lab teaching activities and as they integrate actual patients into classroom teaching situations. DPT faculty and staff will be informed of the Program’s policies and procedures related to the use of PHI by requiring all faculty and staff to read and acknowledge acceptance of policies pertaining to PHI contained within the DPT Policies & Procedures Manual, upon hire.

Health Insurance Portability & Accountability Act (HIPAA) Training:

For details of policies related to HIPAA Training, see the Physical Therapy Clinical Education Manual.

Mandatory Drug Testing:

For details of policies related to Mandatory Drug Testing, see the Physical Therapy Clinical Education Manual.

RIGHTS, RESPONSIBILITIES, SAFETY, PRIVACY, DIGNITY OF INDIVIDUALS INVOLVED WITH THE PROGRAM

Use of Human Subjects and Students for Educational Purposes:

To enhance the learning experience for students, faculty will seek to utilize human subjects during classroom and laboratory learning experiences intermittently throughout the curriculum. Human subjects may include students as well as individuals that are external to the Program. The use of human subjects may occur during classroom demonstration as well as practical examination situations. These subjects will be invaluable in allowing students to observe individuals with real impairments and thus facilitate the connection between didactic knowledge and clinical skill. Informed consent is required for all individuals prior to their participation. Informed consent from an individual's legal guardian or power of attorney is required for minors and those unable to make decisions for themselves prior to participation. Prior to entering the classroom environment, the instructor must seek to identify the subject’s wishes in regards to the parameters during the classroom experience. The extent to which care may be provided and whether or not students may be involved in providing care to the subject during classroom experiences will be decided upon by each subject. The instructor will clearly communicate the expectations for the class to the subject and answer any questions that they may have. The subject’s decision to be involved, and to what extent, will in no way impact the care that they are receiving outside of the teaching environment. Should the individual consent to allow student involvement in examination and intervention, the primary course instructor will provide direct, onsite supervision and ensure safe practice. The individual may at
During office hours:

Class Absence for Athletic Competition

Students will be informed of the Program policy related to the use of human subjects and will be required to review these policies in the appropriate DPT manuals. The primary course instructor will review this policy and students will be informed about how this experience will take place. DPT faculty and staff will be informed of the Program's policies and procedures related to authorized use of material by requiring all faculty and staff to read and acknowledge acceptance of all policies contained in DPT Handbooks and Manuals upon hire. If a subject reports experiencing injury from their participation, the experience will be immediately discontinued and they will be referred to the Health and Wellness Center on the first floor of Veronica Hall on the main campus of Alvernia University. If the injury is reported during office hours, a faculty member will contact the Health and Wellness Center at 610-568-1467. If the injury requires immediate attention when the Health and Wellness Center is closed, faculty will contact Alvernia Public Safety at 610-796-8350 or dial 911. If the injury cannot wait until normal business hours, faculty will refer the subject to the Emergency Department at Reading Hospital and Medical Center. Faculty will follow up with the subject to check on his/her status.

Policies and Procedures Related to Human Subjects Research:

The Alvernia University Institutional Review Board (IRB) maintains ethical standards for research that involves human subjects, which is an integral part of the professional development for the faculty and the University. The function of this Institutional Committee is to formulate, recommend, and oversee policies and procedures for conducting research with human participants. The privilege of conducting human subject research is granted based on a responsibility to engage in ethical research, respecting the rights of participants, and acting in a manner that is consistent with the values of the University. The IRB protects the rights, safety, and welfare of human research participants by adhering to the policies of the U.S. National Institutes of Health when conducting human subjects research. University policies and procedures related to human subjects research can be found on the IRB webpage at http://www.alvernia.edu/facstaff/irb/index.html and in the Alvernia University Graduate Catalog and the Alvernia University Faculty Handbook under the heading, "Institutional Review Board". Policies and procedures involving human subjects research are published and available to students and faculty. Within the DPT Program, students will be informed of these policies through formal instruction within DPT 523, 622, and 623. Within these courses, students and faculty will be collaborating in the development of a research project. In DPT 622, each faculty-directed student group will submit an application for University IRB approval as well as applications for any other IRB approvals, as required.

Policies that apply to individuals involved in the Program can be found under the following headings: “The Use of Protected Health Information (PHI)”, “The Use of Information Obtained from Clinical Sites”, “Patient Refusal to Participate in Clinical Education”, “Obtaining Authorized Use of Patient/Health Professional-Related Material or Images”, and “Protection of Clinical Instructor Information” in the DPT Clinical Education Manual. Policies and Procedures Related to Human Subjects Research can be found in the Alvernia University Graduate Catalog and the Alvernia University Faculty Handbook.

Class Absence for Athletic Competition:

Student-athletes are excused from class attendance in order to represent Alvernia University in intercollegiate athletic competition.

1. Provisions:
   a. Student-athletes are not permitted to miss class for practices.
   b. Student-athletes will not be charged a class absence in order to represent Alvernia University in intercollegiate athletic competition provided they adhere to the following procedures.
   c. Student-athletes are entitled to the same number of class absences as students who do not represent Alvernia University in intercollegiate athletics.
2. Procedures:
   a. The Director of Athletics, or designee, will forward a roster of all student-athletes to all faculty at the start of each sport season.
   b. A student-athlete will be required to give his/her instructor an Athletic Participation Class Absence Form one week in advance of the date of the class he/she will miss.

3. Modular Classes:
   It is recognized that the compactness of modular class instruction presents a varied aspect to excused class absence for intercollegiate athletic participation. Student-athletes whose team will be travelling during vacation periods must receive permission from the instructor prior to registration.

Policy for Student Use of Technology During Class:

The use of technology during class may limit the student's learning experience and the learning experiences of other students. For this reason, Doctor of Physical Therapy students are prohibited in the personal use of technologic devices (cell phones, tablets, computers) during in-class time except for class activities or emergency situations. Students may keep their devices accessible during class, however, instructors reserve the right to ask the student to remove the device from sight if the student fails to follow this guideline. Students are prohibited from carrying or using technologic devices during written or practical examinations. Repeated use of devices during class may result in the removal of the student from class or a reduction in a student's grade.
PART 5: Admissions
RECRUITMENT & ADMISSIONS

Recruitment:

Recruitment of prospective DPT students for the 4+3 curricular format will be managed primarily by the Alvernia University School of Graduate and Adult Education and by the Office of Undergraduate Admissions for the 3+3 curricular format. Information regarding recruitment procedures for graduate programs will be available to prospective and enrolled students on an ongoing basis on the Alvernia University website at http://www.alvernia.edu/gradandadult/. This page will provide information regarding recruitment events under the heading, “Admission Events Visit Calendar”. Additional information can be obtained on this page by navigating to the following links: “Graduate Programs”, “Financial Aid”, and “Helpful Links”. Under the heading, “Visit Alvernia” at http://www.alvernia.edu/visitus/index.html information about a variety of recruitment events are also described.

Recruitment events specific to the DPT Program, identified as DPT Information Sessions will be held intermittently throughout each semester. Core DPT faculty and students will be involved in presenting at these events, which also include a tour of campus and DPT facilities and an admissions and financial aid session. These events are posted on the Graduate Admissions homepage under the heading, “Admission Events Visit Calendar” at http://www.alvernia.edu/admissions/graduate/index.html and on the DPT Program homepage at http://www.alvernia.edu/academics/graduate/dpt/index.html. Current Alvernia undergraduate students, as well as prospective students from outside of the University, are invited to attend these sessions. Prospective students are invited on campus to meet with faculty and students. Other Program-specific recruitment events will include accepted student day, transfer student events, and University presence at college fairs, etc. The PT Department participates with the Physical Therapy Centralized Application Service (PTCAS), which has increased the number of applications to the Program. The DPT Program faculty will collaborate with the Office of Graduate and Adult Education, the Office of Undergraduate Admissions, and the marketing department for the purpose of informing the public of current events associated with the DPT Program. The Department Chair and faculty will be available to meet and interact with prospective students and work to elevate the profile of the Program within the community and beyond.

Transfer of Credits into the Program:

The policy for the transfer of credit into the DPT Program will comply with the policies used by other graduate programs within the University which can be found under the heading, "Transfer of Credit" in the Alvernia University Graduate Catalog and information related to the transfer of students into the DPT Program will be provided to prospective students on an ongoing basis on the DPT Program homepage at http://www.alvernia.edu/academics/professional-programs/index.html. The policy for the transfer of graduate credits into the DPT Program is as follows: Students who have met all of the requirements for acceptance into the DPT Program including: an official record of their GRE scores, three letters of reference (1 from PT, 1 from professor of former PT program attended, 1 from professor of undergraduate program attended), a minimum of 100 hours of physical therapy observation in both inpatient and outpatient settings, and 2 written essays. Students may transfer a maximum of two graduate courses (six graduate credits). Transfer courses must be from an accredited university with a CAPTE-accredited DPT Program and the student must have earned a minimum grade of “B” to receive transfer credit. The courses must be equivalent to appropriate courses within the DPT Program at Alvernia University, which will be determined by the DPT Admissions Committee after reviewing the content of prior coursework. Transferred credits do not count towards the cumulative grade point average at Alvernia University. An official transcript indicating the grade received and a complete course description or syllabus must be forwarded to the Coordinator of Graduate Admissions and Student Services as well as the DPT Admissions Committee. After all of the required information has been forwarded, transfer credits are reviewed and approved by the DPT Admissions Committee. Courses that are to be transferred must have been taken within 1 calendar year. Transfer students wishing to enter the DPT Program must apply in the usual cycle of admissions and must meet all other requirements to gain entrance into the University. Transfer of students who are currently enrolled in a DPT Program that has failed to achieve accreditation will be considered on an individual basis. This transfer policy will ensure that there are no gaps in the education of transfer students and that the curricular framework of
the Program is preserved. Exceptions to the credit transfer policy will be considered by the DPT Admissions Committee on an individual basis.

The 3+3 curricular track is only available to students who enter Alvernia as first semester freshmen. No transfer students will be accepted into the 3+3 curricular track.

For the purpose of identifying qualified candidates with proven record of academic performance, the DPT Program will explore the development of matriculation agreements with local four-year accredited universities. Students from matriculating schools must have an earned Bachelor’s degree and meet all criteria for admission into the Program. For students participating in this agreement, the GRE requirement will be waived. Students must submit their application for admission by January 15.

The heading, “Transfer Partnerships”, which identifies programs with which Alvernia has currently partnered with for smooth transition, can be found at http://www.alvernia.edu/transferstudent/transfer_partnerships.html. International Applicants who are applying to the professional DPT Program, must submit official TOEFL results for all students for whom English is a second language (www.ets.org). In addition, transcripts from a university outside of the United States must be evaluated by an independent service. (www.naces.org)

Admission Requirements:

DPT Program admission requirement and the admissions procedures can be found at http://www.alvernia.edu/admissions/graduate/dpt.html. To be considered for admission into the DPT Program, the following admission requirements must be fulfilled:

The following pre-requisite courses must be completed with a final grade of “C” or better:

- Human Anatomy and Physiology I and II - 4 credits each with lab
- Biology – 3-4 credits (excluding BIO 109, BIO 203, BIO 115/116)
- Chemistry I and II - 4 credits each with lab
- Physics I and II - 4 credits each with lab
- Social Sciences – 6-9 credits (psychology, sociology/anthropology, humanities)
- Statistics - 3 credits
- English Composition/Writing - 3 credits

The Program’s pre-requisite courses for admission are reflective of the position of the Academic Council of the APTA (Position: Standard Prerequisite Course for Admission in Entry Level Physical Therapist Education Programs). This motion was heard before the council in October of 2012. The council supports the standardization of prerequisite requirements for the purpose of assisting program applicants in achieving required courses as they apply to multiple programs and for the purpose of assisting pre-professional institutions with program development. The list of courses recommended by the council is consistent with information presented in the PTCAS Course Prerequisites Summary; 2011-12 Admissions Cycle, APTA, August 27 2011 and the publication by Lake, et al1. Additional rationale for the choice of these pre-requisite courses was obtained following close analysis of the pre-admission course requirements of other accredited DPT Programs. This information is available through PTCAS at www.ptcas.org.


Additional Admission Requirements include:

- An earned Bachelor’s degree from a 4-year accredited university (except for 3+3) and official transcript from each 4-year accredited university attended revealing a:
  - Cumulative GPA of 3.0 (4+3) or 3.5 (3+3), or better
  - Science GPA of 3.0 (4+3) or 3.5 (3+3), or better
- A total of 100 hours of observation divided between an outpatient and an inpatient physical therapy setting (4+3 and 3+3)
• Three letters of reference from a: licensed PT, professor, other non-family member (4+3); or licensed PT, Alvernia professor, other non-family member (3+3)
• GRE taken within the last 5 years with a minimum score of 150 on both the Verbal and Quantitative sections and a minimum score of 3.5 on the Analytical section which provides evidence of the student’s ability to analyze ideas in addressing specific task directions, to develop and support main points with relevant examples, to convey meaning with clarity, to demonstrate satisfactory control of sentence structure and usage, and display organizational skills. (Alvernia Code 1619)
• 1 written essay (4+3 and 3+3) 500 words or less and completion of the entire application on PTCAS
• International Applicants must submit official TOEFL results for all students for whom English is a second language (www.ets.org). Transcripts from a university outside of the United States must be evaluated by an independent service. (www.naces.org)

Admissions Procedures:

The DPT program is offered in a 4+3 year and 3+3 year curricular format. Prospective students with an earned bachelor’s degree from Alvernia or another four-year accredited institution are welcome to apply to the 4+3 year format. The 3+3 year format enables Alvernia students who are admitted into 1 of 4 majors (Biochemistry, Biology, Healthcare Science, or Psychology) to follow a curricular plan in that major with the intention to be admitted to the DPT program in his/her senior year, upon completion of all requirements. Interested students should contact Dr. Christopher Wise, DPT Department Chair at christopher.wise@alvernia.edu. The processes and policies that govern admission into and progression through the DPT Program can be found at http://www.alvernia.edu/academics/graduate/dpt/admission/index.html

Admission Criteria into the Accelerated 3+3 Program:

Decisions regarding the admission of 3+3 undergraduate students into the university will be made by the Office of Undergraduate Admissions in accordance with the university's undergraduate admissions policies. The accelerated (3+3) format for entrance into the DPT Program is available to students who meet the admission criteria upon entrance to the university (3.5 high school GPA, 1170 SAT) as well as any student who may not have entered the university as a DPT accelerated student but who desires to transition into the 3+3 track after admission to the university. In order for already admitted students to transition into the accelerated DPT program, students must do the following: 1. Complete 8 credits of anatomy and physiology at Alvernia, 2. Achieve a cum and Science GPA of 3.5 by the completion of his/her freshman year, 3. Add DPT as a second major by obtaining the signature of the DPT Department Chair and completing and submitting an add major form to the registrar by the end of his/her freshman year. Students from within the university may transfer into the 3+3 Program up until the end of his/her freshman year only. Students transferring from outside of the university are not permitted to enter the 3+3 Program. The 4+3 program is, however, available to transfer students from other universities.

Students within the accelerated (3+3) format will follow a curricular plan in one of four majors with “DPT” listed as the student’s second major. The majors include Biochemistry, Biology, Healthcare Science, or Psychology. Students will follow an 8-Semester Curricular Plan (Appendix S,T,U,V) with their final 2 semesters of study occurring within the professional DPT Program. Although, students will be listed with DPT as their second major, entrance into the graduate Program is not guaranteed and can only occur after completion of all pre-requisites. If the maximum capacity of Program enrollment has been reached, all students who have met the criteria, as described above, will be rank ordered based on the following: 1. Entrance into the Accelerated DPT Program upon admission to the university, 2. Science GPA, 3. Cumulative GPA.

Students must achieve the required cumulative and science GPA for admission into the DPT Program by January 15 of his/her junior year to progress into the professional phase of the DPT curriculum. Applicants will be notified of their acceptance status into the Program by April 1. A student’s inability to enter the Program through the 3+3 year format will not preclude him/her from applying to the Program through the 4+3 year format after earning his or her bachelor’s degree.

In order to enter the DPT program within the accelerated 3+3 year format, students must complete the following pre-admission criteria by January 15 of his/her junior year:
• Achieve a cumulative GPA of 3.5, Science GPA of 3.5, pre-requisite GPA of 3.0
• Achieve a minimum grade of a "C" in all pre-requisite courses
• Once a student declares his/her intention to pursue the accelerated track, all DPT prerequisite courses (listed below) must be taken at a four-year accredited institution. If taken at another institution, only courses in which the student received a grade of "B" or higher will be transferred.
• All 3+3 students must follow the guidelines for applying to the Program and submit all required documents through the Physical Therapy Centralized Application Service (PTCAS), which can be accessed through the DPT Program homepage, by January 15 of his/her junior year.

A student pursuing undergraduate studies at either Alvernia University or any other four-year, accredited institution are welcome to apply to the professional DPT Program as 4 year + 3 year curricular track students. Alvernia students who entered the University as 3+3 track students and were unable to maintain his/her guarantee for academic reasons or otherwise, may choose to pursue the 4+3 track as well. With all things being equal, special consideration will be offered to prospective students who received their undergraduate degree from Alvernia University. Prior to entering the professional DPT Program as a 4+3 track student, the student must possess an earned bachelor’s degree from a four-year, accredited institution, however, a degree within a specific major is not required. Specific requirements for admission into this track are described above. Prospective students to the program must apply via the Physical Therapist Centralized Application Service (PTCAS) at http://www.ptcas.org/home.aspx. Applications are open for submission on July 1. The application deadline is February 15, notification of acceptance or rejection is made by April 1, and a security deposit and written confirmation of acceptance is made by May 1, student housing confirmation is due by May 15. These applications will be managed through the Office of Graduate and Adult Education (G&AE).

Application Review Process:

Upon notice of the initiation of an application by a prospective student, the staff in the School of G&AE will screen each application. If an application is incomplete, this G&AE staff will work with the applicant in completing the application. All completed applications will be forwarded to the DPT Admissions Committee, which is comprised of the DPT core faculty and associated faculty, as needed. All decisions regarding the status of the applicant will be made by the DPT Admissions Committee. Once applications are received from the Office of G&AE, the process for reviewing applications is as follows:

Upon receipt of the application from the School of G&AE, the following procedure will occur:
• The DPT Admissions Coordinator (AC) in the School of G&AE will review each application to ensure that it has been fully completed. If the application is not complete, the AC will inform and assist the applicant in completing the application.
• Once the application is complete, the AC will review each application to ensure that the minimum criteria for each requirement has been met.
• Applicants who have not met the minimum criteria will be denied admission. The AC will communicate this decision to the applicant.
• The application of those who have met the minimum criteria for admission will be assigned to 3 reviewers who are on the DPT Admissions Committee.
• Each application will undergo independent review by each reviewer. Each reviewer will review the entire application and verify that the applicant has achieved the minimum academic requirements. The written essay and personal references will be scored using the DPT Grading Criteria for Essay/References (Appendix W), which are designed to provide quantifiable measures that can be used to judge quality and provide comparison between applications.
• Reviewers will conclude their review by making one of the following decisions for each application: Offer, Waitlist, or Deny.
• Applicants who receive an “Offer” decision will be prioritized based on the academic aspects of his/her application. Applicants who receive a “Waitlist” decision will also be prioritized. Applicants who receive a "Deny" decision will receive a letter of denial from the Department Chair communicating this decision.
The **30** applicants who receive the highest score, will receive a letter of acceptance from the Department Chair. All other applicants who receive an Offer or Waitlist decision will be placed on a prioritized waiting list.

All applicants will receive written notification regarding their status by **April 1**. To secure their place in the incoming class, each accepted student must submit their acceptance for admission in writing along with a security deposit in the amount of $300.00 by **May 1**. This non-refundable deposit will be attributed toward the student’s tuition costs and fees.

Should accepted students decline, the next applicants on the waiting list will be offered acceptance into the Program via email notification or phone from the School of G&AE. Wait-listed applicants who are offered admission will be given 2-weeks from the time of acceptance, or less depending on the time of year, to submit written notification of their acceptance and the security deposit. If the applicant fails to respond within that period of time or chooses to decline acceptance, the next applicant on the waiting list will be offered acceptance. This process will result in a final number of students reporting on the first day of class set at no more than **30**.

**Special Considerations Related to Admissions:**

**Deferment:**
There may be an extenuating circumstance that impacts a student’s ability to accept admission into the professional DPT Program. In such cases, students may choose to defer their acceptance into the DPT Program. If such a situation arises, the following process will be implemented:

- A student who has been accepted into the Program yet desires to defer their admission will provide written notification of this decision including an explanation by **May 1** for the anticipated Fall semester in order to be offered a deferment. Notifications received after this time period will not be accepted for deferment.

- The DPT Program Admissions Committee will review the letter and determine if the student’s explanation sufficiently describes the reason for deferment and if the reason meets the Program’s criteria for deferment. The Department Chair will contact the student directly if clarification is needed.

- A student will receive a one-year deferment of their admission into the Program due to any of the following reasons: death in the family, personal or immediate family relative serious health concerns, financial hardship beyond that which can be addressed through financial aid, other catastrophic or life changing events. Students may be asked to provide supportive documentation verifying the reason for the request (ie. letter from the physician, etc)

- This deferment will only be offered for up to one year beyond which the student will forfeit their acceptance into the Program. Students are not prohibited, however, from re-applying to the Program at any time in the future.

- The decision by the DPT Admissions Committee will be communicated to the student in writing by the DPT Department Chair.

- When a deferment is offered, the next student on the waiting list will be offered admission into the Program.

**International Student Admission:**
International students who will be graduating from a fully-accredited university with a Bachelor’s degree are welcome to apply to the professional DPT Program. International students applying to the program must fulfill the requirements of the “Essential Functions” document which is delineated on the Program homepage at [http://www.alvernia.edu/academics/professional-programs/index.html](http://www.alvernia.edu/academics/professional-programs/index.html). The University uses the Student and Exchange Visitor Information System (SEVIS) to facilitate compliance with regulations set forth by the United States Citizen and Immigration Services (USCIS).
Admission requirements for prospective international students are identical to those previously described. In addition, all students who are non-native English speakers or are from a country where English is not the official language will be required to provide proof of English proficiency. The CIA world fact book website will be used for verification if the student's country of origin is considered English-speaking. To provide evidence of English Proficiency, students must take the Test of English as a Foreign Language (TOEFL) and achieve a minimum score of 550 for the paper-based test, 190-213 for the computer-based test, or 75-80 for the internet-based test in order to be considered for admission. Information about the TOEFL and registration can be accessed at www.ets.org. If a student has had at least two consecutive years of education in an American high school or institution of higher education, the TOEFL requirement may be waived. A transcript from the American school should suffice for proof unless otherwise determined by the Admissions Office. In addition, transcripts from a university outside of the United States must be evaluated by an independent transcript evaluation service in order to ensure compliance with University admission standards. World Education Services can be accessed at www.wes.org.

The procedure for admission of prospective international students to the University is as follows:

- Once accepted to Alvernia, prospective students will be first notified by e-mail of their acceptance. The following will also be mailed to his/her home country mailing address: a formal letter of acceptance, confirmation of enrollment form, Health and Wellness forms, Housing forms, and other forms that the student will need to complete the enrollment process.

- International students must be enrolled as full-time students (6 credits minimum) for the Fall and Spring semesters.

- Prospective students must send $300 USD for confirmation of enrollment and $250 USD for housing deposit to finalize the enrollment process.

- The American government requires that all foreign students are financially qualified to enter the United States and enroll at Alvernia University. International students must complete the Foreign Student Financial Statement. Students must provide documentation that they have sufficient funds available to them amounting in total cost of attendance (tuition, room, board, fees, books, health insurance, travel, and personal expenses) for at least the first year of study at Alvernia University.

- Once accepted and once adequate financial documentation is received, Alvernia University will create an Initial Form I-20 to be mailed to the student’s home address as indicated on the International Application.

- Once the student receives the package they must follow any home-country approval processes and must make an appointment with the American Embassy or Consulate in their home country to apply for an F-1 visa. The student's I-20, acceptance letter, and copies of all documents requested by the American Embassy or Consulate are needed to support the student's F-1 visa application. There is a fee to be paid in order to apply for an F-1 student visa. Students are encouraged to check with the American Embassy or Consulate in his/her country of origin for details and special requirements. Students are also responsible for paying all SEVIS fees prior to their appointment at the American Embassy or Consulate.

- The student will complete his/her Health and Wellness documentation and send back to the International Student Admissions Counselor via e-mail so they can be reviewed by the Health and Wellness Center. Students are required to present his/her health and wellness documents and proof of received vaccines to the Health and Wellness Center. All vaccinations are required prior to arrival on campus.

- Once the F-1 student visa is approved, the student will be responsible for making travel
arrangements that allow him/her to arrive to the United States in time for orientation weekend in August (usually the third week of month) of the year they are to enroll.

- During the first week of class the student must provide a copy of his/her passport and I-94 card to the DSO.

- Information related to the admissions of international students is available to prospective and enrolled students on an ongoing basis on the University website at http://www.alvernia.edu/internationalstudent/.

Protection of Applicant Rights and Fairness during the Admissions Process, Maintenance of Planned Class Size and Prevention of Overenrollment:

Throughout the admissions process, each applicant’s rights will be protected and procedures that meet the standards of due process will be applied equitably. To ensure fairness in making decisions regarding admission, a procedure whereby 3 different reviewers scoring each application independent of the others will be used. Each reviewer will utilize the **DPT Grading Criteria for Essay/References (Appendix W)**, which will provide a standard upon which each application may be judged. All admission decisions will be based upon the strength of each applicant’s total “application profile” and in no way related to the applicant’s race, color, ethnicity, or religious affiliation, etc. Applicants will be notified of the decision at the time that the decision is made and no later than April 1 and applicants will be provided with rationale from the Department Chair for the decision that was made, upon request. A file for each applicant will be maintained in a locked cabinet in the School of G&AE for up to one year. For those enrolled in the Program, applications and evaluation forms used to assess each applicant, will be maintained in the student’s file in a locked cabinet in the DPT Department Chair’s office. Admissions data will be published in aggregate with no identifiable student information provided. Admissions data will also be used in assessing Program outcomes and may be used in disseminated publications or presentations, without individual identifying information. The planned class size will be maintained according to accreditation standards through acceptance of the maximum number of planned students. Additional students will be admitted from the waiting list as initial offers are declined or not acted upon. Any changes in planned class size will be determined by workforce data while remaining in alignment with the Program mission. This process is monitored by the Chair and admissions coordinator.

Policy for Applicants with a Criminal Record:

An individual with a prior criminal history may be prohibited from engaging in clinical education experiences that span all practice settings, therefore, impacting the student’s learning experience and the student’s achievement of all learning outcomes within the program. Furthermore, an individual with a prior criminal history may limit the ability of an individual to practice in all practice settings upon graduation. A positive criminal history may also preclude an individual from being offered the ability to pursue licensure. For these reasons, individuals who have a positive criminal history must report this information upon application to the program and these individuals will not be offered admission into the Program.

**ESSENTIAL FUNCTIONS**

The DPT Program at Alvernia University, in compliance with the Americans with Disabilities Act (ADA), does not discriminate against qualified individuals with disabilities. A person qualified for the DPT program is one who has met academic standards and is able, with or without reasonable accommodations, to meet the essential functions of a physical therapist, in alignment with current practice as determined by several sources as referenced. The Essential Functions adopted by the Alvernia University DPT Program are available on an ongoing basis at http://www.alvernia.edu/academics/graduate/dpt/functions/index.html.

These essential functions are the activities that a student physical therapist must be able to perform, with or without accommodations, in partial fulfillment of the requirements for successful completion of the
professional curriculum. They are applicable in the classroom, laboratories, simulated clinical settings, and on clinical education assignments. Alvernia University uses independent clinical education sites that may or may not be able to offer the same reasonable accommodations made available by the university.

The list of essential functions is designed to assist students interested in the DPT program to make informed decisions about career options. Additional requirements and competencies are outlined in course syllabi and on the clinical performance instrument. The Essential Functions must be completed in all settings, which include highly complex environments, and within a time frame that is consistent with actual clinical practice. If it becomes apparent that a student is unable to fulfill each essential function with reasonable accommodation or if the needed accommodations are beyond what would be considered reasonable thus causing undue hardship to the university or harm to others.

The Alvernia University DPT Program Essential Functions document has been developed to achieve compliance with the following statutes: the Americans with Disabilities Act of 1990, the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973. ADA records are maintained by the Disability Services Coordinator. Information related to ADA, Discrimination, and Title IX can be found on the University website at http://www.alvernia.edu/student-life/index.html. Questions should be directed to the Disability Services Coordinator located in Bernardine Hall, Room 1121, and by phone at 610-796-8423. For questions, concerns, or to request review of a request for accommodations, students should contact: Vice President for University Life and Dean of Students, 400 St. Bernardine Street, Reading, PA 19607, 610-796-8211, joe.cicala@alvernia.edu.

**Essential Functions in the Affective Domain:**

1. Interact effectively and sensitively using appropriate verbal, nonverbal, and written communication skills with faculty, peers, other members of the health care team, and patients/clients, and caregivers.

2. Read, write and interpret written and nonverbal communication at a competency level that allows one to safely function in classroom, laboratory, and clinical settings.

3. Recognize the impact and influence of age, lifestyle, family or peer support, socioeconomic class, culture, beliefs, race, and abilities on faculty, peers, other members of the health care team, and patients/clients, and caregivers.

4. Recognize the psychosocial impact of movement dysfunction and disability on the client and caregivers and integrate these needs into patient examinations, evaluations, assessments, interventions, discharges, and or referrals.

5. Efficiently organize and prioritize multiple tasks, integrate and critically analyze information, and formulate applicable decisions.

6. Practice in a safe, ethical, and legal manner, following guidelines for standard practice as established by federal, state, and local law, the College, clinical facilities, the APTA, and related professional organizations.

7. Accept personal responsibility for all actions, reactions, and inactions.

8. Demonstrate responsibility for self-assessment, professional growth and development.

9. Effectively and consistently manage personal stress and appropriately respond to the stress of others.

10. Speak and write effectively in English to convey information to other individuals and groups.
Essential Functions in the Cognitive Domain:

1. Comprehend, retain, recall, and apply complex information learned in required prerequisite courses to the program's professional course work

2. Read, comprehend, integrate, critically analyze, interpret, and apply information from written materials, demonstrations, lectures, laboratory sessions, and research literature, and other pertinent sources to develop and support the rationale for appropriate patient examinations, evaluations, assessments, interventions, discharges, and or referrals.

3. Collect, organize, prioritize and document information to make safe, appropriate and timely decisions regarding patient care for the purposes of examination, evaluation, assessment, intervention, discharge, and or referral for any patient.

4. Demonstrate management skills including planning, organizing, supervising, and delegating.

Essential Functions in the Psychomotor Domain:

1. Possess sufficient mental and physical stamina, postural and neuromuscular control, and eye-hand coordination for extended periods of time in order to perform patient care tasks in a manner that does not compromise patient or therapist safety.

2. Safely, reliably, and efficiently perform required physical therapy examination and intervention procedures to evaluate and treat the functional skills & limitations and gross motor system of patients across the lifespan. These include but are not limited to:

   - Cognitive, mental, emotional status
   - Cardiopulmonary status
   - Segmental length, girth, volume
   - Skin integrity & wound care
   - Sensation
   - Strength
   - Joint mobility, motion and play
   - Muscle tone and reflexes
   - Coordination & balance
   - Development skills & movement patterns
   - Functional abilities
   - Posture & gait
   - Endurance
   - Pain
   - Therapeutic exercises
   - Prosthetics & orthotics
   - Adaptive devices & assistive technology
   - Demonstrate the ability to perform CPR and emergency first aid.
   - Safely and reliably read meters, dials, printouts, and goniometers.
   - Demonstrate the ability to manipulate and operate physical therapy equipment and monitoring devices.
   - React safely and appropriately in a timely manner to sudden or unexpected situations involving persons and or equipment.

Sources:


Alvernia University
Physical Therapy
Department

PART 6:
Student Retention, Progression, Withdrawal, Dismissal
STUDENT RETENTION & PROGRESSION

Course Registration:

To enroll in courses, all students must complete the University registration process. No student can register for another student or allow another person to register on the student’s behalf. All students must be authorized in the “Self-Serve” tab on the University website to register by their academic advisor. If a student registers during pre-registration and then decides not to return to the University, it is the student’s responsibility to notify the School of Graduate & Adult Education in writing prior to the beginning of classes to avoid charges. Registration dates can be found on the Academic Calendar. Information regarding tuition and course offerings is available from the School of Graduate & Adult Education. The policy for enrollment in graduate courses is found under the heading, "Registration" in the Alvernia University Graduate Catalog.

DPT Program Retention and Progression Policies and Procedures:

Credits/Overloads Policy: The University policy related to number of credits per semester requires graduate students to register for a maximum of 9 credits per academic semester. Greater than 17 credits per semester is considered overload. Overloads require the approval of the student’s faculty advisor. Students enrolled in the DPT Program and undergraduate students who are currently pursuing the 3+3 accelerated track will be automatically approved for overload as dictated by the pre-determined curricular plan. The University policy for taking overload credits can be found under the heading, "Credits/Overload" in the Alvernia University Graduate Catalog. There is no additional cost to DPT students for taking overload since tuition costs are based on per semester pricing and not per credit.

Auditing Policy: In order to progress through the Program, students may be required to audit one or more courses. They may be required to audit a course in partial fulfillment of a learning contract in a course that was passed but one in which reinforcement of material may be required in order to fulfill the requirements of the learning contract. No credit is earned for an audited course. The cost of auditing a course is 50% of the cost of the course, per credit. University policies related to auditing courses can be found under the heading, "Auditing" in the Alvernia University Graduate Catalog.

Course Repeat Policy: The Course Repeat Policy allows for students to complete the requirements of a learning contract enabling them to continue in the Program. If a student fails to pass a course, they will be considered to be in poor academic standing and a learning contract (Action Plan) will be established by the DPT Academic Review Committee (ARC), which may include the option for a student to repeat/delete a course. In addition to the policy as described under the heading, "Repeat/Delete Option" in the Alvernia University Graduate Catalog, the Program has additional requirements. Since each course within the DPT Program requires the successful completion of all prior coursework, students failing to pass a course with a grade of “C”, or better will be unable to continue within the Program and must re-take and pass the course with a grade of “C”, or better the next time that the course is offered. Exceptions for the progression of students with an incomplete grade in a pre-requisite course can be made on an individual basis as determined by the DPT Academic Review Committee. A student may only utilize the repeat/delete option one time while enrolled within the professional phase of the Program. When a course is repeated for credit, the earlier grade remains on the student’s permanent record and appears on all transcripts. The higher grade is used in computing the cumulative grade point average. The repeat/delete option may only be used in cases where both the original and repeated courses were earned at Alvernia; neither may be by correspondence or by study at another institution. The repeat/delete option may be used only once by 3+3 students for all pre-requisite courses. All 3+3 students must follow the guidelines for applying to the Program and submit all required documents through the Physical Therapy Centralized Application Service (PTCAS), which can be accessed through the DPT Program homepage, by January 15 of his/her junior year.
Course Pre-Requisite Policy: Every course within the curriculum serves as a pre-requisite course for subsequent courses. This means that a student must earn a passing grade for every course within the curriculum prior to enrolling in subsequent coursework. However, exceptions can be made on an individual basis that will enable students to enroll in a course with an incomplete grade in a pre-requisite course. The following statement is included on all syllabi: “Exceptions for the progression of students with an incomplete grade in a pre-requisite course can be made on an individual basis as determined by the DPT Academic Review Committee.”

Student Notification of Academic Performance and Progress:

University Policies for Student Notification of Academic Performance include:

Semester Grades Policy: Students with certain levels of outstanding financial obligations will not have access to their Self-Service transcript until their accounts are cleared. The responsibility for identifying grade errors is that of the student. Blackboard does not necessarily represent the final grade earned and students are advised to review academic transcripts. Students on hold may visit the Office of the Registrar or the Graduate and Adult Education office during business hours to view their transcript. Any grade correction must be made by the instructor and filed in the Registrar’s Office. The deadline for corrections is 21 calendar days after the grade is issued (except in cases of a grade grievance or in the case of an approved Incomplete). After that time, no changes will be made on the student’s record. This policy can be found under the heading, "Semester Grades" in the Alvernia University Graduate Catalog.

Transcripts Policy: Requests for transcripts may be made in writing to the Registrar’s Office or requested through Self Service. Forms are available from that office or at www.alvernia.edu/academics/registrar. No transcript request is released until all financial obligations to the University have been met. Students may request unofficial copies for their personal use. The first transcript requested after the degree is conferred is free. Processing of a transcript request is completed within five working days after the request is received; the prevailing fee must be submitted with the request for each transcript. This policy can be found under the heading, "Transcripts" in the Alvernia University Graduate Catalog.

Computation of Grades: At the completion of a course, each student is assigned a letter grade based upon the appropriate scale below:

The DPT Grading Scale is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
</tr>
<tr>
<td>F</td>
<td>74 and below</td>
</tr>
</tbody>
</table>

*A grade of 75% or higher is required to pass all courses within the DPT curriculum. A grade of <75% is considered a failing grade. Please note that the minimum passing grade for all DPT courses is higher than the minimum passing grade for other graduate courses within the university. This grading scale is listed in every course syllabus.

Early Warning Notices Policy: In mid-semester, faculty members submit early warning notices to the Office of Student Success. Students who are doing less than “C” work are identified and specific information regarding their lack of progress is noted. Students, their advisors, and the Registrar’s Office are notified. This policy can be found under the heading, “Early Warning Notices Policy” in the Alvernia Undergraduate Catalog.
DPT Program Policies for Student Notification of Academic Performance:

Students will be notified of their academic and clinical performance and progress through both formal and informal means. The minimum expectation for communication to the student regarding their performance both academically and clinically is once at the conclusion of the semester at which time final grades are submitted. At the conclusion of each semester, students will be issued a final grade for each course by the primary instructor of the course in accordance with the University grading system described under the heading, “Computation of Grades” in the AU Graduate Catalog. This final grade will be added to the student’s permanent, official transcript. Assigned grades are consistent for all courses across the curriculum and the DPT grading scale, which is more rigorous than the scale utilized by other graduate programs within the university, will be included on each course syllabus. Students will receive an unofficial grade report, which is posted on the course page in Blackboard and under the “Self-Service” tab on the University website, at the conclusion of each semester. This “unofficial transcript” will include individual final grades for each course as well as the student’s semester and cumulative GPA. Informally, students may also be notified of their final grade in each class by the primary instructor via email, in Blackboard, or in person prior to the student viewing their unofficial transcript. In addition to notification of a student’s final grade in a course, students will also be notified of their grade on class assignments, written examinations, and practical examinations throughout each course. It is expected that grades on assignments and exams are communicated to students within 48 hrs for exams and one week for other learning assessments, of their completion. For larger projects, more time may be necessary. Grades on assignments and exams will be communicated confidentially to each student by the primary course instructor. Communication of grades may be done through email, Blackboard, telephone, or personal contact between the student and primary course instructor. The Program espouses the importance of timely student feedback in the educational development of each student. Program policies can be found under the heading, Physical Therapy Department Resources to Support Student Retention and Progression:

Orientation: Each Fall, prior to the start of class, all DPT students will attend orientation. Orientation will be conducted by the DPT faculty with the involvement of returning students. Orientation is designed to achieve the following objectives: 1.) introduce first year students to the faculty and returning students, 2.) provide an overview of the profession of physical therapy, 3.) provide an overview of the University, including mission and resources, 4.) provide an overview of the DPT Program including mission, objectives, and curricular structure, 5.) convey pertinent information about Program policies and requirements. Orientation will include a morning information session followed by an afternoon social event designed to promote student interaction and to orient students to the campus. Orientation will also include a keynote address designed to inspire students toward achievement.

Advising: All students will be assigned a faculty advisor, who is a core member of the DPT Program faculty, in the summer before the start of coursework within the Program. As adult learners, students are expected to initiate all interactions with their faculty advisors. Faculty advisors will receive notification from the Registrar if their advisees are experiencing academic difficulties. Faculty advisors will provide mentoring and advising for students on an ongoing basis and will serve as an important resource for students. A minimum of one time each semester (usually around mid-term), faculty will meet formally with their advisees to review each student’s progress throughout the Program and to discuss any challenges and successes. Prior to this session, each student will engage in a process of self-reflection related to professional behaviors by evaluating themselves using the generic abilities inventory. This data will be used to engender discussion during the advising session. Faculty advisors will maintain the same advisees throughout their time in the Program. If a student wishes to be assigned a different advisor, approval must be granted by the Department Chair, after consulting with all involved parties.

Multiple Examination Failure Policy: The Program is committed to supporting students who are demonstrating deficiencies in knowledge and skill in multiple courses throughout the curriculum as evidenced by a failure (<75%) in more than 1 written examination (defined as an assessment that tests learning in the cognitive domain that consists of more than 20 items administered on either paper or computer) OR failure (<75%) in more than 1 practical examination across all courses within the curriculum. To assist students in
developing strategies to promote learning, any student who is unsuccessful in passing more than 1 written OR more than 1 practical examination throughout the curriculum will be required to meet with the DPT Academic Review Committee (ARC) for the purpose of developing a collaborative learning contract that endeavors to support student success.

**Learning Contracts:** If students are in danger of not fulfilling academic or non-academic Program requirements or are currently not fulfilling the requirements of the DPT Program, a formal learning contract may be employed. Such contracts are designed to proactively curtail a student's decline in performance, when possible, or to provide a strategy for assisting a student who is not meeting Program expectations or who has not met Program progression requirements to be restored to good academic standing. See below for details of the various types of learning contracts developed by the Program.

**Academic Review Committee (ARC):** This committee is comprised of the PT Department Chair and Program core faculty and is convened on an as needed basis. The ARC may convene regarding issues of academic performance, professional behavior, or concerns over safety. The primary objective of the committee is to review current or pending issues related to the progress of students throughout the curriculum. The ARC will consider requests, make recommendations, and take action related to: 1.) academic rules, regulations, and performance, 2.) violations of student conduct, including issues of safety, 3.) student grievances, and the 4.) dismissal and re-admission of students. See DPT Committee Descriptions (Appendix B).

If students are not successfully demonstrating the competencies and skills required by the DPT Program, a formal learning contract will be developed by the ARC. Such formal contracts will include specific measurable, behavioral objectives, expectations, responsibilities, and consequences. These learning contracts are designed to provide very specific expectations and objectives that may be used to guide progression and facilitate restoration of the student to good standing within the program or proactively to prevent the student from failing to meet the progression requirements of the Program. Contracts may be developed to address student performance in either the classroom or clinical practice environment and may relate to issues regarding any of the Program requirements. Once established, the learning contract will be provided to the student in written form from the Chair of the ARC within 2 days of the ARC meeting. Members of the ARC, as well as the student, will indicate their acceptance of the terms of the contract by affixing their signatures to the printed document. An original signed copy of the learning contract will be maintained in the student's advising file. Three specific types of learning contracts may be established by the ARC to achieve these objectives.

- **Education Plan** is a proactive contract between a student and the faculty. It may be written in the case where areas for improvement have been identified in either the classroom or clinical setting that could put a student at risk for not achieving Program expectations or requirements in the future.

- **Progression Plan** is an in-process contract between a student and the faculty when a student is currently not meeting expectations and requirements during the course of a semester.

- **Action Plan** is a retroactive contract between a student and the faculty which may be used when a student has failed to meet Program expectations and requirements and is on Probation. The action plan is designed to outline the specific tasks, requirements, and expectations that must be accomplished, including time frames, by the student in order to be removed from probation and reinstated to good standing within the Program. Action plans may require the student to perform tasks that are beyond general program requirements, such as auditing courses, engaging in clinical observation, and meeting regularly with academic or clinical faculty, among others. A student on probation will not be able to proceed within the curriculum unless he/she successfully executes the specific requirements that have been outlined in the action plan.

**Physical Therapy Student Association (PTSA):** The PTSA is a student-governed organization designed to promote collegiality among DPT students and to promote and represent the University and the profession of physical therapy within the university and surrounding community. The PTSA will meet a minimum of once
per semester to plan events, provide updates, participate in community events, and to socialize. The PTSA officers are the same elected officers as those who serve as elected officers of the second year class. The PTSA will act in accordance with the established bylaws of the association and any guidelines of the Alvernia Student Government Association (SGA). The PTSA will communicate with Program faculty via the PTSA-faculty advisor and through representation on the DPT Professional Advisory Board. A minimum of one of the officers from the PTSA, along with one representative from each of the DPT classes, will represent their class on the Advisory Board where they will attend annual meetings, provide input, and communicate pertinent information to their respective classes.

**Peer-Mentor Program:** To aid in the transition of first year students into the DPT Program, the PTSA will sponsor and manage a peer-mentor program. The PTSA will attempt to match each incoming student with a second year DPT student. The peer mentor program will attempt to contact incoming students before orientation and make plans to interact with them at orientation and on an ongoing basis thereafter. The Program encourages incoming students to engage second and third year students as mentors during their first year in the Program and into the future.

**Alvernia Physical Therapy Alumni Association (APTAA):** Once accreditation has been achieved and the charter class has graduated, the APTAA will be established with the assistance of the DPT Program. This organization will be self-governed by electing officers who are alumni of the program. The purpose of the APTAA will be to provide support in various ways to the DPT Program. This will include guidance and support for the current students of the program. The APTAA will strive to become a valuable resource for past, present, and future students of the DPT Program at Alvernia University.

**Progression Activities and Addressing Violations in Academic Regulations:**

The DPT Program will make every effort to assist students in identifying and addressing specific deficits in knowledge, behavior, and skill. As an adult learner and in keeping with the learner-directed philosophy of the Program, it is ultimately the student’s responsibility to identify areas of deficiency and develop a plan for resolution. Progression activities designed to assist students in overcoming deficits observed in student knowledge, behavior, and skill will occur both formally and informally. When deficits in student performance are observed by an academic or clinical faculty member or by the student’s academic advisor, the DPT Program will endeavor to provide timely assistance to support students in maintaining or returning the student to good academic standing within the Program. At the time in which a deficit in knowledge, skill, or behavior is identified, and upon consultation with the core faculty, the Department Chair will invite the student to meet with the Academic Review Committee (ARC). The ARC provides the primary mechanism by which the Program will develop a formalized plan, referred to as a learning contract, to assist students in addressing deficits that are identified throughout the Program. Upon meeting with the student and considering all factors related to the deficit that has been identified, the ARC will develop a learning contract and inform the full DPT core faculty of the parameters of the contract. If a student behavior is found to be egregious, the student will not be offered the opportunity to further progress within the Program and may be immediately dismissed from the Program with or without the option to reapply at a later date. Egregious behaviors consist of any behavior in which the student knowingly disregards Program policies resulting in a situation which places themselves, other students, faculty, or patients/clients at risk for harm. Unsafe practices may be one manifestation of an egregious behavior, however, unsafe practice may also be an indicator of profound deficits in student knowledge and/or skill. Within the Program, unsafe practice is considered a serious offense and handled with fervent diligence at every level. From lab skill checkouts to practical exam criteria and throughout the clinical practice coursework, students who routinely engage in unsafe practice will not be allowed to continue within the Program. The decision to dismiss a student from the Program as a result of unsafe practice depends on the nature of the event and the student’s history of similar events. Each case will be handled on an individual basis by the ARC. If a student is dismissed for egregious behavior or repeated episodes of unsafe practice, the services designed to support the student’s retention and progression will no longer be available to the student. The ARC may also recommend an action plan in which additional support and specific actions

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Alvernia University Physical Therapy Department Policies & Procedures Manual
may be required of the student. In such cases, the full complement of University and Program support services are available to the student. The learning contracts developed by the ARC may require the student to access specific University and/or Program support services for the purpose of addressing the specific needs of the student. The full complement of support services offered at both the University and Program levels that are designed to support student retention and progression in the Program are outlined in the previous section.

Each learning contract will vary and is designed to address each student’s specific needs. These contracts, which are explained elsewhere within this document, are designed to address each deficit through supplementary instruction and remediation that results in evidence that each deficit has been resolved. In addition to the support services previously described, students with identified deficits in knowledge, skill, or behavior who have been placed on a learning contract may be provided with additional support services designed to promote student progression within the Program.

Degree Requirements:

The Program’s Degree Requirements policy is as follows: To qualify for the degree of Doctor of Physical Therapy from the Alvernia University DPT Program the following degree requirements must be accomplished:

1. Successful fulfillment of all graduate requirements of Alvernia University (see Alvernia University Graduate Catalog),
2. Successfully complete the minimum number of prescribed graduate credits (121 credits),
3. Successfully complete all 8 clinical education experiences with a grade of “Pass”,
4. Successfully pass all required courses with a grade of 75%, or better,
5. Achieve a cumulative GPA of 3.0 or better,
6. Complete the minimum number of prescribed graduate credits within 3 calendar years from the start of matriculation unless approved by the DPT Academic Review Committee,
7. Successfully pass all practical examinations with a 75%, or better throughout the curriculum,
8. Successfully pass the comprehensive examination with a 75%, or better at the conclusion of all required coursework,
9. No student will graduate with an incomplete grade in a course,
10. Demonstrate strong moral character and consistently exhibit professional behavior,
11. Students who have met the above criteria and plan to graduate must file a petition to graduate, as required by the University.

The grading scale adopted by the DPT Program is similar, yet more stringent, than other graduate programs within the University. This grading scale is included on every course syllabus. See “DPT Grading Scale”. It is University policy that at the completion of a course, each student is assigned a letter grade by the primary course instructor. If a student is unable to achieve a final grade of “C”, or better for any course, they are considered to be in poor academic standing and they must repeat the course and achieve a final grade of “C”, or better, in the course in order to continue within the program. An incomplete grade will be assigned only if there are extenuating circumstances preventing the student from completing all course requirements. Exceptions to the pre-requisite course will be made by the DPT Academic Review Committee. The procedure for handling incomplete courses will follow the university policies. This includes the requirement for the instructor, Department Chair, and Dean to approve and sign the Submission for Incomplete Grade form. The completed form must be returned to the School of Graduate & Adult Education by the final day of the course to have the incomplete grade posted. The student must complete and submit the assignments listed on the form to the instructor within a designated period of time for a semester course. Incomplete grades that have not been changed by the instructor at the end of this period will automatically be changed to an “F.” No student will graduate or be able to proceed throughout the Program unless all courses have been completed. The University policy related to incomplete grades can be found under the heading, "Incomplete Grades" in the Alvernia University Graduate Catalog.

STUDENT WITHDRAWAL & DISMISSAL

DPT Program Policies & Procedures Related to Student Withdrawal & Dismissal:
The policies and procedures related to student withdrawal, dismissal, and probation are made available to all prospective and enrolled students on the DPT Program website.

Essential Functions: A student who is unable to perform these functions with reasonable accommodation for whatever reason will also be unable to fulfill the demands of a practicing physical therapist. In such cases, the students will be counseled toward a career path that is better suited to his/her individual talents. The list of Essential Functions can be found at http://www.alvernia.edu/academics/graduate/dpt/functions/index.html.

Academic Integrity: The Program’s Academic Integrity Policy is in alignment with the University’s policy described in the Alvernia University Student Handbook under the heading, “Academic Honesty”. This policy will be listed on every course syllabus within the curriculum as a reminder of this important contract between the program and the student. Violation of this policy is considered a serious breach of contract that will result in a failing grade on the assignment and penalties up to and including dismissal from the program without the opportunity to return.

Professional Behaviors: The Program places a high priority on the development of student professional behaviors. This is evidenced in several ways throughout the Program and breaches in professional behavior, which may result in probation or dismissal. Students of the DPT Program are representatives of their class, the DPT Program, the University, and the profession of physical therapy. Students are expected to dress appropriately for classroom and laboratory instruction and to be in professional attire when guests are present during classroom experiences. Professional attire is defined as that which would be acceptable in a physical therapy clinical setting. Hats of any kind are not permitted in class. Students are expected to be attend and be prompt for all classes and scheduled activities. If a student is going to be late or will need to miss class or a scheduled event, the student is expected to call and notify the course instructor in advance. As graduate students, there is no mandatory attendance policy, however, course instructors have the freedom to implement policies for attendance and tardiness as they apply to individual courses. Such policies will be described in course syllabi which serve as the contract between the instructor and the student. When completing clinical experiences, students are expected to meet or exceed the expectations of the clinical setting with regard to professional attire, promptness, attendance, and completion of assigned tasks. Students who exhibit behaviors that are unprofessional may be required to meet with the Academic Review Committee, who may recommend or require a specific learning contract. Students who do not comply with required contracts, who commit egregious acts, or who continue to display unprofessional behaviors may be dismissed from the program. The professional behavior policy is as follows:

“As a future physical therapist, you will be expected to act professionally when interacting with colleagues, clients, families, and coworkers. Acting professionally includes, but is not limited to, being respectful of other’s opinions, obeying rules and procedures, avoiding gossip and demeaning dialogue, avoiding the use of profanity, demonstrating teamwork and collegiality, informing employers of absences and tardiness, and maintaining favorable relationships with others. With this in mind, the DPT Program faculty and staff will expect each student to act professionally throughout all interactions. Students should understand that violation of this policy is considered a serious breach of contract that may result in the development of a learning contract and/or penalties up to and including dismissal from the Program.”

Unsafe Practice: Unsafe practice by students during lab or clinical experiences is considered a serious event and may lead to a student’s dismissal from the Program. All practical exams throughout the curriculum will assess and grade each student’s performance as it relates to safety. Significant or repeated issues related to safety during lab and/or practical examination experiences may put the student at risk for failing the examination and/or the course. The Clinical Performance Instrument (CPI) and the Integrated Clinical Experience Form also include criteria related to safety. The Clinical Instructor and/or the CCCE is encouraged to contact the ACCE immediately if an issue of safety arises with an affiliating student. Depending upon the nature of the issue, or in the case of repeated safety issues, a student may be at risk for failing the clinical education experience. During mid-term follow up and at the conclusion of each clinical
education experience the ACCE, or designated alternate, will obtain information regarding the student’s adherence to safe practice guidelines. The policy for safe practice within the Program is as follows:

“A Physical Therapist’s primary obligation to his/her client is to avoid harm. As such, a student’s safe performance of all procedures and utilization of equipment during all lab and clinical education experiences is vital. For purposes of safety, students are required to observe recommended guidelines to ensure safe practice not only for others but for themselves as well. Students are expected to fully understand all indications, precautions, and contraindications that govern the use and implementation of all procedures prior to their use. In addition, students will be expected to have knowledge and observe best practice guidelines. Students who do not feel safe performing or receiving certain examination or intervention procedures are expected to make their concerns known and not engage in such activities until they feel safe to do so. Unsafe practice by students during lab or clinical experiences is considered a serious event and may lead to a student’s failure of the course and dismissal from the program.”

Comprehensive Examination: Every student in the Program must achieve a passing score of 75% on the Comprehensive Examination in order to graduate. The purposes of the examination are as follows: 1.) to determine students’ knowledge in all areas of content contained within the curriculum, 2.) to determine students’ knowledge in all of the major practice patterns including musculoskeletal, neuromuscular, cardiopulmonary, and integumentary; and 3.) to determine students’ understanding of the impact of issues related to impairment, functional limitations and disability across the lifespan, 4.) to facilitate student preparation for the National Physical Therapy Examination (NPTE) toward achievement of a passing score. Students will take the comprehensive examination at the successful completion of all required didactic and clinical coursework as a 1 credit course. Each student must achieve a passing score of 75% on the exam to graduate. If a student is unsuccessful on the first attempt, 1 re-take will be allowed within the same semester. If the student is unsuccessful on the second attempt, the student will be required to register for DPT 810 (1 credit) each semester (fall, spring, summer) to remain a matriculated graduate student until a passing grade on the exam and course is achieved. Failure to register will make the student ineligible to sit for the examination. Students will continue to enroll in the course and will have only one opportunity to pass the exam within each semester, and so on until the student passes. Each student must achieve a passing score on the examination to graduate. See the DPT 810 Course Syllabus for details of requirements for the comprehensive examination.

Dismissal for Non-Academic Reasons: In addition to the policy on professional behaviors, the Program has instituted a policy of dismissal for non-academic reasons, which is in alignment with University policies. In addition to the specific programmatic requirements related to professional behavior, University policy states that students may be dismissed from the graduate program for any of the following non-academic reasons: 1.) failure to respect the rights of others as evidenced by verbal, physical or mental abuse of others, harassment of any kind, assault, or any action which endangers the rights of others, 2.) failure to abide by federal, state, and local laws which prohibit the use, possession and sale of illegal substances, 3.) failure to adhere to the various professional codes of ethics, such as the American Physical Therapy Association Code of Ethics, 4.) failure to function appropriately within the site placement settings, internships or practicums, as documented through evaluations by on-site supervisor and academic adviser.

In addition to University policy, the DPT Program will recommend dismissal to the Provost for the following non-academic reasons: 1.) Students will attest to their ability to perform all of the criteria within the Program’s “Essential Functions” document with or without reasonable accommodations. Should a situation arise in which the student is unable to perform all criteria described in this document, he/she will be unable to continue in the Program. For additional information regarding reasonable accommodations the student will be referred to the Alvernia website at http://alvernia.edu/student-life/student-success/ADAServicesandAccommodations.html. 2.) Misconduct outside of the Program that results in a felony conviction may make a student ineligible for licensure. Therefore, students who are convicted may be dismissed. 3.) Breaches in scientific misconduct as defined in the document, “Honor in Science”, breaches in academic honesty, breaches in the code of ethics and standards of practice as published by the American Physical Therapy Association, and breaches in the standards of clinical integrity as defined in the PT
Clinical Education Manual. 4.) Students who place their clients at risk physically and/or emotionally. 5.) Students who are unable to relate appropriately with others, including clients. 6.) Students who are unable to perform in a professional manner, including inability to adhere to professional work ethics, professional dress codes, and resistance to supervision. 7.) Students who are unable to use professional judgment, including seeking help for personal problems which interfere with professional practice, 8.) Students who are consistently unable to demonstrate the knowledge, values, and skills necessary for generalist PT practice, 9.) Failure to respect the rights of others as evidenced by verbal, physical or mental abuse of others, harassment of any kind, assault, or any action which endangers the rights of others, 10.) Failure to abide by federal, state, and local laws which prohibit the use, possession, and sale of illegal substances. Only the Provost may dismiss a student from the University for non-academic reasons. Students may appeal such a dismissal to the President of the University. This policy is delineated under the heading, "Dismissal from the Academic Program" in the Alvernia University Graduate Catalog.

Voluntary Withdrawal: Students for any reason and at any time may voluntarily withdraw from the Program. The tuition refund schedule for students who withdraw from the University and the policy regarding withdrawal from the University can be found under the heading, "Withdrawal Policies" in the Alvernia University Graduate Catalog. Total withdrawal from the University applies only to students who submit in writing to the Office of G&AE Office their intention to completely withdraw from all courses. Reapplication and acceptance are required for these students to be readmitted after withdrawing from the University. The effective date of withdrawal is the date a completed official withdrawal notice is returned to the G&AE Office. Students who do not comply with the withdrawal procedure forfeit their right to any refund. If a student fully withdraws from the University following the end of the Withdrawal period and prior to the last week of classes, a grade of “Withdraw Pass (WP)” or “Withdraw Fail (WF)” will be assigned based on whether a student currently has a “B” average up to the point of withdraw from the University. Students withdrawing from Alvernia University will be held financially responsible for all costs and fees. Students who withdraw from a course for any reason will not be allowed to progress through the Program. Students may be eligible to re-enroll at a later time pending approval by the DPT ARC.

Medical Withdrawal: Inquiries regarding the medical withdrawal procedure are directed to the Director of Health Services, Claire Murphy, MD at: Alvernia University 400 St. Bernardine Street Reading, PA 19607-1799 Phone: 610-568-1467 Fax: 610-796-8422

Registration Change: As dictated by University policy, which is outlined under the heading, "Registration Changes" in the Alvernia University Graduate Catalog, each of the following constitutes a registration change: adding or dropping a course, withdrawing from a course after the add/drop period, or auditing a course. Schedule Change Forms are obtained from the G&AE Office and must be filed with that office to complete the process. The policy regarding each of the following types of registration changes are described below.

Add/Drop Period: The deadlines for the add/drop period are located on the academic calendar. Requests to add/drop a course must be received by 5 PM on the date listed. Students wishing to drop a course may do so by dropping via Self-Service or by completing the proper paperwork. Paperwork can be found on the Alvernia website, under the heading, “Current Students”, and “Printable Forms”.

Course Withdrawal: After the add/drop period has ended, a student may withdraw from a course by completing proper paperwork in the School of Graduate & Continuing Studies Office. A student may withdraw from a course up until the close of the withdrawal period with no academic consequences. Students withdrawing from a course will still be held financially responsible for all costs and fees. Refer to the Academic Calendar for deadline information at http://www.alvernia.edu/academics/calendar.html. Students who withdraw from a course for any reason, either within the add/drop period or after, will not be allowed to
Examination Retakes: In alignment with the Program’s philosophy, which emphasizes clinical competence, the Program has instituted an examination re-take policy which requires students to pass each written and practical exam within 2 re-take attempts (3 times total). The specific policies and procedures related to the administration of examinations is an issue of academic freedom and is determined by each individual faculty member. Student assessment of cognitive, affective, and psychomotor knowledge and ability during written and practical examinations elevates the importance of these experiences throughout the curriculum. For this reason, students must demonstrate the ability to successfully complete all written and practical examinations. Students unable to pass a written or practical exam within 3 attempts will fail the course in which the exam is required and will be unable to proceed through the curriculum. This policy applies to the number of allowable re-examination attempts and the specific policies governing the scoring of any re-examination attempts relative to the determination of the final course grade. Any variation in this policy will be noted by the primary course instructor in each course’s syllabus which is distributed to each student at the beginning of each semester. The following policies shall serve as the minimum requirement regarding the practical examination process in all courses throughout the curriculum:

- **Passing Score:** Although the primary course instructor may require a higher passing score, the minimum passing grade for all written and practical examinations within the DPT Program is a 75%.

- **Maximum Re-examination Attempts:** If the student is not successful on the first attempt, a maximum of 2 re-examination attempts are allowed for each written and practical examination. Each student has a maximum of 3 attempts to pass each written and practical exam. Individual course instructors may require a more stringent re-examination policy.

- **Not Achieving a Passing Score on the Maximum Number of Re-examination Attempts:** If the student is not successful in passing a written or practical examination on the maximum number of allowable attempts for a course, a grade of “F” for both the exam and the course will be assigned. If a grade of “F” is received, the student will be unable to proceed through the curriculum and will, therefore, be placed on academic probation and will not be able to proceed through the Program until the student successfully passes the course the next time it is offered.

- In preparation for a written or practical reexamination, the student is expected to engage in self-guided remediation.

- Whenever possible, practical reexaminations will be videotaped for review purposes and will be evaluated by an instructor different from the instructor who evaluated the first attempt. Practical reexaminations are provided at a time agreed upon by the student and instructor but prior to initiation of the next semester.

- Development of written reexaminations are under the purview of the course instructor and are provided at a time agreed upon by the student and instructor but prior to initiation of the next semester.

- This policy is subject to the individual preferences of the course instructor. The student is advised to become familiar with the specific requirements of each individual course as defined within each course syllabus.

**Academic Performance, Probation, and Dismissal:**

The Program’s Policy for Probation and Dismissal is in alignment with the University policy described under the heading, “Academic Probation/Academic Dismissal” in the Alvernia University Graduate Catalog. The DPT Program policy for probation and dismissal is as follows: Students enrolled in the DPT Program must maintain a cumulative GPA of 3.0, or better, on a 4.0 scale throughout the curriculum and a grade of “P” in all clinical education courses. A student will be considered to be in poor academic standing for the
following reasons:

1. A student whose cumulative GPA falls below a 3.0,
2. A student who earns a semester GPA below 3.0,
3. A student who earns a final grade of “C” in more than one course in the same semester.

If there is a change in the student’s academic status, the student will receive written notification and asked to meet with the DPT Academic Review Committee (ARC), at which time a learning contract will be developed.

A student will be dismissed from the DPT Program for the following academic reasons:

1. One additional semester after being placed on poor academic standing, a student is unable to attain a cumulative GPA at or above a 3.0,
2. One additional semester after being placed on poor academic standing, a student earns a semester GPA below 3.0,
3. One additional semester after being placed on poor academic standing, a student earns a final grade of “C” in more than one course in the same semester,
4. A student who earns a final course grade that is below a “C” or “P”, thus indicating failure of the course. Students who receive a final course grade below a “C” or “P” will be dismissed but may be given an opportunity to be readmitted. Decisions related to readmission are made by the ARC after careful consideration of each case. If readmission is offered, the student will be required to re-take the course when it is next offered and will be unable to continue in the Program until they have successfully completed the course. The student’s initial grade will remain on the student’s permanent transcript but the most recent course grade will be used to calculate the student's cumulative GPA. To be readmitted, the student must also fulfill all required tasks outlined in the learning contract developed by the ARC. The student will be dismissed without opportunity to be readmitted if the student fails to pass the course upon retaking it.
5. A student who is on poor academic status more than once throughout the Program will be dismissed.

As per University policy, a student who has been academically dismissed may write an appeal letter to the Department Chair if extenuating circumstances warrant a review of the academic record. Appeal letters should include documentation of the extenuating circumstances and at least one letter of support from the advisor or an Alvernia instructor. A student who does not appeal or whose appeal has been unsuccessful will no longer be enrolled in the Program and will not be entitled to Financial Aid. A student who has been dismissed for academic reasons may petition for re-admission into the Program.

Procedure for Dismissal:

Students who have failed to meet the academic and/or professional behavior requirements of the Program may be dismissed from the program with or without the possibility of readmission. Students will be notified of this change in status from good to unsatisfactory standing with the Program through written notification from the Department Chair immediately. The student’s DPT faculty advisor will also be notified of the student’s change in status. In this written notification, the student will be apprised that he/she is dismissed from the program and will be asked to appear before the DPT Academic Review Committee (ARC), who will deliberate regarding whether or not the student will be offered the ability to be reinstated. If reinstatement is an option, the ARC will be responsible for developing a learning contract with the student. After careful deliberation, the chair of the ARC will provide the student with the details of the learning contract established between the ARC and the student in written form. This document will contain specific measurable and
behavioral goals and will serve as a formal contract and will be signed by all members of the ARC, as well as the student, and placed in the student’s permanent file. If the student is successful in accomplishing the tasks required within the learning contract in accordance with the timeline that is provided, the student will be reinstated. In such cases, the student will be unable to progress with his/her student cohort and will join the next cohort. The student must provide formal notification to the Department Chair regarding his/her intentions to be readmitted. The student will receive written notification of his or her success in meeting the requirements of the learning contract. This learning contract will require the student to engage in self-remediation and to re-take and pass any course in which the student was unsuccessful. The student may also be required to audit courses that have been previously taken and passed by the student for the purpose of bolstering the student’s knowledge in key areas of curricular content. The learning contract and all written notifications will be placed in the student’s permanent file. If the student succeeds in meeting the requirements of the learning contract, he/she will be informed that he/she is in good academic standing and allowed to proceed within the Program. If reinstated, the student is required to join the next cohort of students and a student can only be dismissed and reinstated once throughout the program.

Students who are experiencing academic difficulty throughout the curriculum but have not yet failed to meet academic and/or professional behavioral requirements may be notified by faculty through formal and informal interactions of his/her areas of deficiency. During these interactions, the faculty member or academic advisor will notify the student of his/her current academic status and negotiate with the student a plan to address these issues proactively, when possible. A summary of these interactions will be completed by the faculty member and placed in the student’s permanent file. Students who are having consistent issues or those whom a primary course instructor or faculty advisor perceives as demonstrating the potential for not meeting course or Program requirements may be required to appear before the DPT Academic Review Committee (ARC), at which time a learning contract (Education or Progression Plan) may be developed to assist the student in addressing any issues, which will be maintained in the student’s permanent academic file. A request to appear before the ARC will be provided to the student in writing. This document will contain specific measurable and behavioral goals and will serve as a formal contract and will be signed by all members of the ARC, as well as the student, and placed in the student’s permanent file. If the student is successful in accomplishing the tasks required within the learning contract in accordance with the timeline that is provided, the student will be taken off of probation and will return to good academic status. Students who are struggling academically are encouraged and expected as adult learners to initiate contact with the primary course instructor or faculty advisor on an ongoing basis. See information regarding the DPT Academic Review Committee (ARC) below.

Students who meet the criteria for dismissal from the University will receive an initial letter of dismissal from the Provost, sent via electronic mail with ‘return receipt requested’ and followed by certified land mail. Students may appeal this decision to the Graduate Student Grievance Committee within seven (7) days from receipt of the dismissal letter. The Committee will forward its decision to the Chair of the Graduate Academic Council within seven (7) business days. The Chair of GAC will notify the student of the final dismissal decision within seven (7) business days.

**Student Appeal Procedure:**

The process for appeal of dismissal from an academic program is as follows:

1. **The Department Chair** verifies that the student has met the criteria for dismissal from the specific academic program and notifies the student in writing.
2. **The student may appeal the decision to the Department Chair, or College Dean.** This appeal must be filed within seven (7) days of receipt of the dismissal notification.
3. **The Department Chair, or Dean of the School as indicated above, meets with the student within seven (7) days of receipt of the written appeal. The Chair or Dean notifies the student of the decision within seven (7) days of that meeting.**
4. **The student may appeal the decision to the Dean of the School of Graduate and Adult Education within seven (7) days of receipt of the Department Chair decision.** The School Dean meets with the student within seven (7) days of receipt of the appeal.
5. **The school Dean notifies the student of the decision regarding the dismissal appeal within seven (7) days of the meeting with the student.**
6. The student may appeal the decision of the Department Chair or Dean to the Graduate Studies Grievance Committee. The student has seven (7) calendar days to submit this appeal.

7. The Graduate Student Grievance Committee will request separate documentation from the student and the course instructors involved, outlining their perspectives on the events leading to the dismissal within seven (7) calendar days of the grievance notification. The student’s Academic Advisor will also be asked to submit a letter indicating their disposition recommendation. The Graduate Student Grievance Committee reserves the right to request further information/documentation or to meet with the student or course instructor as required to thoroughly review the appeal/student issue.

8. The Graduate Student Grievance Committee issues a written decision recommendation within 30 days of receipt of the appeal and forwards it to the Dean of the School of Graduate and Adult Education who reviews the decision and notifies the student and the Provost of the decision in writing. The Committee maintains a complete file of the grievance and Committee proceedings.

9. The Provost issues a final determination on the appeal within seven (7) business days.

10. In the event that the student believes that they were denied due process during an appeal of a grade, they may appeal the decision in writing to the Provost of the University within seven (7) days of receipt of the decision from the Dean. Such an appeal examines the process by which the decision was reached and does not examine the content of the appeal. If it is determined that due process was not provided, the Provost can request that the Graduate Student Grievance Committee re-examine the appeal.

Student Grievance Procedure:

The Program has adopted the Student Grievance Policy as written by the Graduate Academic Council. The Graduate Student Grievance Committee attends to grievances of an academic nature. This Committee is comprised of all the Graduate Program Coordinators/Directors and a Graduate student representative appointed by the Dean of the School of Graduate and Adult Education. The Chair of the Committee is elected from the members at the start of each academic year and serves as Chair for the duration of that academic year. Members can serve two (2) consecutive terms as Chair.

The process for appeal of a course grade is as follows:

1. The student discusses the grade with the course instructor, within 20 calendar days of receipt of the unfavorable grade. occurrence/disagreement

2. If no accord is reached, the student has seven (7) calendar days from receipt of the decision of the course instructor to submit an appeal to the Graduate Program Coordinator/Director of the appropriate graduate program.

3. A meeting between the student and the Graduate Program Coordinator/Director must be held within seven (7) calendar days of receipt of the student’s written appeal. The Coordinator/Director must notify the student of their decision within seven (7) calendar days of that meeting.

4. The student may appeal the decision of the Graduate Program Coordinator/Director to the Department Chair; or, if the program does not have a department chair, to the Dean of the School of Graduate and Adult Education. The student has seven (7) calendar days to submit this appeal.

5. A meeting between the student and the Department Chair (or Dean as specified above) must be held within seven (7) calendar days of receipt of the student’s written appeal. The Department Chair (or Dean as specified above) must notify the student of their decision within seven (7) calendar days of that meeting. The decision of the Department Chair or Dean is final as to a course grade.

6. The student may appeal the decision of the Department Chair or Dean to the Graduate Student Grievance Committee. The student has seven (7) calendar days to submit this appeal.

7. The Graduate Student Grievance Committee will request separate documentation from the student and the course instructors outlining their perspectives on the events leading to the appeal within seven (7) calendar days of the grievance notification. If the grievance pertains to academic dismissal from a program or from the University, the student’s Academic Advisor will also be asked to submit a letter indicating their disposition recommendation. The Graduate Student Grievance Committee reserves the right to request further information/documentation or to meet with the student or course instructor as required to thoroughly review the appeal/student issue.
8. The Graduate Student Grievance Committee issues a written recommendation of a resolution to the Dean of the School of Graduate and Adult Education who reviews the decision and notifies the student of the decision in writing. The Committee maintains a complete file of the grievance and Committee proceedings.

**Student Eligibility for the National Physical Therapy Examination (NPTE):**

In order to gain access to the NPTE, candidates must meet certain eligibility requirements from both 1) the state in which they seek licensure and 2) The Federation of State Boards of Physical Therapy (FSBPT). Students are encouraged to refer to the FSBPT website at [https://www.fsbpt.org/](https://www.fsbpt.org/) for updates and information regarding student eligibility and the process of applying for the NPTE.

**Graduation and NPTE Eligibility:**

The Alvernia DPT Program has a May graduation. The earliest date that Alvernia DPT students will be eligible to take the NPTE is in July. The FSBPT offers the exam on one day in January, April, July (on 2 consecutive days), and October. See the FSBPT website for details.
PART 7: Curriculum & Academic Requirements
ALIGNMENT WITH CONTEMPORARY PRACTICE

The Program’s curricular plan has been developed with the primary focus of producing clinically-competent, community-conscious graduates who are prepared to think critically. Graduates are expected to creatively explore evidence-based solutions that are designed to specifically meet the individual needs of the client in all practice environments and to improve wellness through education and advocacy.

The curricular plan is in alignment with the foundational tenants of physical therapy practice as espoused in such documents as the Guide to Physical Therapy Practice (GPTP) and the Normative Model of Physical Therapist Education. In addition, published clinical practice guidelines, clinical specialist guidelines and seminal publications have been, and continue to be, utilized extensively to ensure alignment between the curriculum and contemporary PT practice. The Program’s curriculum will also display a commitment to the creation of an educational experience that closely adheres to the standards of clinical practice as espoused by the APTA Code of Ethics, APTA Revision of the Code and Standards, and the APTA Guide for Professional Conduct. Throughout the curriculum, a strong emphasis will be placed on the use of the current best evidence and best practice standards in a learning environment that employs the use of sound pedagogical methods.

The theoretical underpinnings supporting the Program’s curriculum are in alignment with the profession’s vision for the future practice of physical therapy. The curriculum is consistent with the tenets of APTA’s Vision 2020(http://www.apta.org/Vision2020/) and APTA’s 2013 Vision Statement(http://www.apta.org/Vision/).

CURRICULAR PHILOSOPHY

Consistent with the principles aforementioned, the mission of Alvernia University, and the vision of the American Physical Therapy Association (APTA), the primary philosophical orientation of the Doctor of Physical Therapy Program will emanate from four primary tenants.

Principles of Learner-Directed Education:
The Doctor of Physical Therapy Program emphasizes a curricular structure that is individualized and learner-directed. Implicit in its framework is an appreciation of individual student learning styles. Kolb6 describes a model of learning that begins with a concrete experience followed by reflective observation, abstract conceptualization, and concluding with active experimentation. In clinical practice, physical therapists learn through a process very similar to that described by Kolb. The objective of the overall curricular structure and individual course structure is an explicit consideration of the learning style that is represented throughout each endeavor and to choose the experiences that best represent the pre-existing individual learning styles of the students. Paramount to philosophical orientation is the need for educators to possess a relentless preoccupation with the welfare of their students as equally contributing partners on a journey toward enhanced knowledge and understanding. In a model of learner-directed education, instructors are viewed as facilitators who guide students through meaningful learning experiences. The development of competent, critically-thinking graduates prepared to impact their profession and the lives of others requires an educational process that considers a myriad of learning styles and seeks to provide opportunities for the integration of multiple learning preferences and one in which the onus of learning is placed upon the student.

Principles of Performance-Based Education:
Above all, the AUPTI graduate physical therapist must achieve clinical competence. With achievement of licensure as the minimum requirement and expert, competent, clinical care as the expectation, graduates of the program will develop the knowledge base and clinical skill to practice effectively and autonomously. The content and organization of the curriculum is performance-directed and engenders a philosophical orientation toward competence in clinical practice. In accordance with this initiative, content emphasizes evidence-based practice and encourages the pursuit of practice-based evidence. The knowledge base and essential skills required to enable graduates to practice competently and autonomously will serve as the preeminent criterion for inclusion in the curriculum. Teaching initiatives will focus on the specific development of the cognitive, affective, and psychomotor domains of learning.

Principles of Community-Conscious Education:
Incumbent on the physical therapist professional is the ability to see beyond one’s self and serve others altruistically, generously, and without prejudice. To empathetically view experiences from different perspectives is
an imperative mandate for all health care professionals. The philosophical orientation of the AUPTI strives to instill, enhance, and expand each student’s appreciation of those who are different. A myriad of deliberate and sustained experiences provide opportunities for students to develop cultural competence. This goal is achieved by changing attitudes and patterns of thought that precede behavioral adaptations. Viewing disability through the eyes of those whom we serve infiltrates every aspect of the curriculum and demonstration of skill in appreciating diversity is expected and required.

Principles of Doctorally-Trained Professional Education:
A doctor may be defined as “a person who has earned the highest academic degree awarded by a college or university in a specified discipline”. Implicit within this definition is the doctor’s contract with society. With this privilege comes a great deal of personal responsibility to “do no harm”. More than avoidance of malfiscience, however, doctors are expected to operate at all times under the terms of beneficence. As doctors of a newly-anointed doctoring profession, graduate physical therapists must attend to the dual constructs of personal responsibility and societal expectation. Graduates of the AUPTI receive explicit instruction in the personal requirements and professional responsibilities associated with their entrance into the doctoring profession of physical therapy. As doctors of physical therapy, graduates will appreciate their role as leaders within the health care community and be fully equipped to pursue their rightful place as autonomous professionals in the service of those in need. As citizens of a larger community, graduates will be prepared to practice ethically, honestly, and diligently for the better good of mankind in clinical practice, academic endeavor, and scientific inquiry. Graduates will be dedicated to embracing the art and the science of physical therapy according to the ethical principles and practice act requirements as delineated elsewhere. Associated with professionalism is the ability to altruistically serve those in need and to provide expert care that is founded upon the current best evidence.

Values Statement:
Consistent with Alvernia University and the profession of physical therapy, the DPT Program is founded upon the core values of altruistic service, respect for the dignity and autonomy of others, cultural competence, and a relentless commitment to excellence. These values guide all Program initiatives from course content to hiring practices to student admissions and ensure that the mission, goals, and outcomes of the Program are achieved. An appreciation for the role of the Program as part of a larger community will prepare graduates for making significant contributions to the communities in which they live and serve.

References:

CURRICULAR MODEL

The Program’s curricular model is best described as a “hybrid” model that combines both a traditional and systems-based approach to professional education. The traditional aspect of the curriculum begins with a strong foundation in the basic sciences, which serves as the scaffolding upon which the clinical science and practice courses are built. The systems-based model uses the systems-based practice patterns that are developed through a progression from foundational to more complex concepts. Once students obtain foundational knowledge in the clinical sciences, they embark on educational experiences designed to explore the role of physical therapy in addressing specific impairments that emerge from each of the practice patterns described in the GPTP (musculoskeletal, neuromuscular, cardiopulmonary, integumentary). The progression of content and learning experiences that develop from basic to complex in the context of clinical practice is consistent with evidence supporting the best methods to ensure the development of clinically-relevant skills and knowledge. The Clinical Education Program espouses a Clinical Expert Integration Model (CEIM) in which expert clinicians are
actively involved in all aspects of the curriculum and serve as lab assistants, guest lecturers, primary course instructors, clinical instructors, pro bono clinic supervisors, student mentors, and provide ongoing feedback regarding individual course content and overall curricular structure. Within this model, the integration of clinicians who are actively involved in regular clinical practice is elevated as the preferred method for creating an authentic, contemporary learning experience that connects the classroom to the clinic.

The curriculum embodies the application of evidence-based educational principles as the foundation of the curriculum. Such principles include an emphasis on problem-solving and critical and integrative thinking. The application of this principle is demonstrated in the Program’s learner-directed model in which students are required to routinely reflect on their performance. The curricular structure is designed with the intent to allow students to progress from foundational to complex concepts which culminate in empowering students to become independent problem solvers in the presence of ambiguity. Active learning represents a significant component of the curriculum that includes an emphasis on connecting the clinic to the classroom, lab-based coursework, peer-mentoring in the classroom and clinic, and student assignments that require engagement and collaboration. Structured and varied experiences of sufficient depth and breadth to allow the acquisition and application of essential knowledge, skills, attitudes, and behaviors, early and frequent exposure of students to clinical experts in the classroom and clinic.

**INSTRUCTIONAL METHODS**

A myriad of instructional methods will be used throughout the Program for the purpose of meeting student needs and achieving expected student outcomes. The overarching philosophy of the Program is to engage each student as an active participant in the process of learning through learning experiences that place the onus of learning on the student. Within this “Learner-Centered Paradigm”, the instructor facilitates and guides the student toward greater levels of knowledge and skill while the student takes the lead and responsibility for the attainment of new knowledge. The primary purpose of the learner-centered paradigm is for the instructor to create environments and experiences that bring students to discover and construct knowledge for themselves. In-classroom instruction is considered to be only one of many opportunities for learning to occur. Within this model, the process of learning may be divided into three distinct phases: 1.) the preparation for learning phase which is designed to prepare students for the active learning experience; 2.) the active learning phase which focuses on developing skill through practice; and 3.) the evaluation of learning phase which insure that learning has occurred and reinforces prior learning.

Within the Program, there is a consistent emphasis on connecting the classroom to the clinic. In semester one, students, with supervision, will perform newly learned skills on actual patients. Two 12-week post-didactic clinical internships will ensure entry-level performance. The curriculum will emphasize the importance of repetition in facilitating the attainment of new knowledge. Content will be delivered in a fashion that progresses from foundational to more complex. Teaching methods address the affective, cognitive, and psychomotor domains and will be developed in a manner that seeks to address the varied learning styles of each student. Opportunities for active engagement, which places the onus of learning on the student, will result in the creation of authentic knowledge. Evaluative criteria that is used to assess student learning will be consistent with the manner in which the content was taught and applied. Faculty will adhere to pedagogical constructs that represent excellence in teaching, explore innovative strategies to active learning, and develop skill in meeting the individual needs of students with varied learning styles and abilities. The Journal of PT Education as well as a variety of educational journals and published texts will be used to inform teaching and learning strategies.

**EVALUATION OF STUDENT LEARNING**

In addition to evaluating student performance for both competence and safety, an important aspect of evaluating student learning is to empower both instructors and their students to improve the quality of learning in the classroom. Faculty can use these assessments to refocus their teaching to help students to make their learning more efficient, effective, and meaningful. Evaluation of student learning must be: learner-centered, teacher-directed, mutually beneficial for teacher and student, formative rather than summative, context-specific, ongoing, and rooted in good teaching practice. Assessment is a four-step continuous cycle which includes:

- establishing learning goals,
- providing learning opportunities
- assessing student learning, and
- using the results to improve student learning.

Throughout the Program, evaluation strategies will be viewed as an ongoing process that requires the collaborative effort of both instructor and student. Assessment tools used throughout the Program will be evaluated at the completion of each semester at End of Semester retreat to ensure alignment with student learning outcomes so that they will both assess and enhance student learning. To improve the accuracy of the tools used to assess student learning, the following strategies will be used throughout the curriculum: starting with clear statements, teaching what we are assessing, collecting more than one kind of evidence, writing a rubric before the creation of an assignment, creating a test blueprint for exams, making assignments crystal clear, making sure assignments explicitly relate to learning goals, asking colleagues to review drafts, experimenting with similar tools on smaller cohorts, scoring students fairly, and evaluating and utilizing the outcomes from assessment efforts in future teaching. In every evaluative strategy that is adopted, the overarching principle is to make assessment authentic which includes creating assignments that: are realistic, complex, simulate real life situations, and are psychomotor-based, when appropriate.¹

References:

CURRICULUM EVALUATION PLAN

Description of Curricular Evaluation as it Relates to the Dynamic Nature of PT and Healthcare:
Curricular evaluation is an ongoing, formative process. The framework and overall design of the curriculum embodies the Program’s Mission, Vision, and Goals and endeavors to remain in alignment with contemporary PT practice. This hybrid curricular model is committed to making explicit connections between the classroom and the clinic in several substantive ways, that include: identifying core faculty who possess a passion for excellence in evidence-based patient care, the integration of expert clinicians as associate faculty, early and frequent clinical education experiences, and learning experiences designed to engender clinical competence through the promotion of skill and knowledge, among others. The regular and relentless assessment of Program outcomes that emanate from multiple constituents from both within and outside of the university (core/associated faculty, students, clinicians, advisory board) will result in revisions to the curricular plan that lead to continual improvement.

The curriculum is evaluated in the context of its alignment with the tenants of PT practice as espoused in the GPTP, Normative Model, Clinical Practice Guidelines, descriptions of clinical practice in areas of specialization, as well as seminal publications that represent the current best evidence in specific areas of clinical practice. In addition, other documents that describe expectations related to professional behaviors are also used to evaluate the alignment of the curriculum with contemporary PT practice and current healthcare standards. Such documents include the APTA Code of Ethics, APTA Revision of the Code and Standards, APTA Guide for Professional Conduct, and APTA Standards of Practice for Physical Therapy. These documents that reflect the expectations for professional practice were regularly consulted during development of the curriculum plan and during subsequent revisions.

Curricular evaluation occurs on an ongoing basis during bimonthly faculty meetings, however, a more comprehensive evaluation occurs annually at the Spring End of Semester retreat. The curriculum assessment plan is structured into 2 main components: 1.) Assessment of the Curricular Plan and 2.) Assessment of the Curricular Content. To facilitate data collection, 2 matrices are utilized that include key criteria and associated data (See DPT Curricular Plan Assessment Matrix and DPT Curricular Content Assessment Matrix, Appendix X and Appendix Y).

- **Curriculum Plan Assessment:** This component attempts to assess the primary themes of the curriculum to determine the curriculum’s alignment with professional and university standards as well as the mission and philosophy of the Program. Benchmarks with timelines have been established to
ensure that the curricular plan is meeting the needs of the Program. Every Spring prior to ESR, the core faculty, most specifically the DPT Curriculum and Outcomes Committees, review the curriculum and identify any areas of deficiency that need to be addressed. An action plan with timeline is developed to address any areas that require further development or revision. The findings of these committees are reported to the full DPT faculty during ESR and all core faculty vote and contribute to the proposed action plan for revision, as needed. See Curriculum Plan Assessment Matrix (App. ??)

- **Curriculum Content Assessment:** This process relates more specifically to evaluation of the curriculum at the level of course content. Within the larger framework of the curricular plan, each course is evaluated to ensure that the breadth and depth of content is threaded throughout the curriculum. Each curricular thread is introduced, reinforced, advanced, and integrated in a manner that culminates in preparing Program graduates for entry-level practice within all practice settings. The themes of the Program and primary curricular threads are evaluated based upon course objectives found within each course and the learning assessments that are associated with each objective. The extent to which each course specifically and the curriculum in total prepares graduates for clinical practice is evidenced by student performance on individual course outcomes. See Curriculum Content Assessment Matrix, (App. ??).

**Data Utilized for Curricular Evaluation:**

- **Course Evaluations:** DPT Course Evaluations include assessment related to the extent to which each course aligns with contemporary practice standards followed by discussion among core faculty at the conclusion of each semester at ESR. For every course within the curriculum, the primary instructor of the course is responsible for submitting a completed DPT Course Evaluation form (App ??). This form provides an instructor self-assessment of the course that includes student feedback and outcomes related to course learning assessments. Once completed, these forms are used to guide deliberation of the core faculty over each course and its alignment with the profession and the rest of the curriculum. Evidence of these formative and substantive discussions can be observed in the minutes of the ESR meetings. A new criterion to be added to the DPT Course Review Form has been proposed, which is, “Briefly describe how the learning experiences within this course align with contemporary Physical Therapy practice and the dynamic nature of the healthcare delivery system (ie. In what specific ways does this course prepare students for the ever-changing nature of the profession and healthcare system?).” Once approved by faculty, this criterion will be added to the Fall 2017 course review process. This new criterion will serve to more explicitly allow the Program to measure this important information.

- **DPT Professional Advisory Board:** DPT Advisory Board is comprised of local PT clinicians, PT educators, other healthcare professionals, and professional business leaders. The board meets 1-2 times/year for the purpose of ensuring that the Program’s mission and goals accurately reflect current trends and best practice standards of the profession and that the Program meets the needs of the community. In addition to internal Program review, the DPT Professional Advisory Board will deliberate over the current and future direction of the Program as it relates to the stated mission and goals and the future of the profession during Board meetings. Information from each End of Semester Review and the Annual Accreditation Report are shared with the DPT Professional Advisory Board. Minutes from these board meetings will reflect deliberation regarding these topics. Recommendations from the Board will be considered and voted upon by the core DPT faculty during the spring End of Semester Review and agreed upon changes will be implemented as appropriate in accordance with Program, faculty, and University policy and procedures in the next academic year. The Board provides substantive and formative feedback as it relates to all aspects of the Program, including the curricular plan. During board meetings core faculty provide updates on the Program, including challenges and ideas for change. The Board is one of the primary mechanisms for ensuring that the curriculum reflects the dynamic nature of the profession and healthcare by developing a process whereby individuals who have experience and regular exposure to the private sector can help guide the Program in the right direction.
**DPT Curriculum and Outcomes Committees:** DPT Curriculum Committee, comprised of core faculty, is the primary body that oversees development and revision of the curriculum. This committee works closely with the outcomes committee to ensure that the curriculum meets the needs of the Program and remains in alignment with contemporary PT practice. These committees meet formally and informally throughout the course of each semester to discuss curricular revision that is outcomes-based and mission-driven. Data from a variety of stakeholders is considered and minor to major revisions that are reflective of trends in the profession are made.

**Student Feedback:** Current students within the Program serve as a valuable resource that may be used to guide the process of curricular development. Through formal mechanisms provided through the university, as well as Program-specific mechanisms, student feedback is collected and considered. The university course feedback process provides an opportunity for students to rate each course and instructor and to provide narrative comments. The rating scale and items to be evaluated were revised during AY2016-2017. New criteria will be used beginning the Fall 2017 semester (AU Student Feedback Form, Appendix I) that will greatly enhance the data obtained from this process. This new criteria and rating scale will serve to provide greater information related to student learning. This data is discussed by core faculty and thoughtfully considered. Trends in student feedback are identified and action plans for addressing issues are developed. Students also provide feedback formally and informally following each clinical practice course. This data is analyzed by the ACCE and shared with the faculty during faculty meetings and ESR. The APTA PT Student Evaluation: Clinical Experience and Clinical Instruction Form (see PT Clin Ed Manual) and ICE Form (see PT Clin Ed Manual) provide feedback related to each specific clinical site but also provides an opportunity for students to provide information related to recent trends in the profession. This data may be used to inform faculty of areas within the curriculum that require revisions or development. Program students serve as an important liaison between clinical instructors and the Program and their input provides important data related to current trends in PT practice.

**Student Exit Interviews/Surveys, Graduate Surveys, and Employer Surveys:** These instruments will be valuable resources for curricular evaluation beginning in the Spring of 2018. These surveys seek to glean important information from these important constituents related to the alignment of the curriculum with contemporary PT practice.

**Associated Faculty Feedback:** Feedback from associated faculty who serve in any capacity within the Program is considered essential to the process of curricular evaluation and revision. The Program has endeavored to infuse the principles of contemporary practice that closely reflects the tenants of PT practice by integrating local expert clinicians in various ways into the Program. As primary course instructors or lab instructors these expert clinicians have the ability to develop content and learning experiences that reflect clinical practice. Guest speakers may also infuse relevant and authentic training into his/her teaching. As noted, formal feedback from these stakeholders is procured through the DPT Course Evaluation and review process at the conclusion of each semester. This data is reviewed by core faculty during ESR.

The primary responsibility for curricular assessment and the development of proposals for modifying the curriculum falls within the purview of the **DPT Curriculum Committee.** This standing committee, comprised of core faculty, interacts with the **DPT Outcomes Committee** to collect data related to curricular outcomes, deliberates over these outcomes, and makes recommendations to the full faculty about proposed curricular changes, as needed. The Curriculum and Outcomes committees will meet every semester. Based on collected data, these committees will submit a committee report at DPT faculty meetings. Summative and formative reports will be submitted from each committee at the ESR, which occurs at the completion of each semester. During ESR, the full faculty will deliberate over committee reports and make decisions in regards to necessary curricular changes. Curricular changes will be considered and made at ESR based on the recommendations from the Curriculum Committee. These recommendations are based on the results of data collected by the Outcomes Committee. Bimonthly DPT faculty meeting and ESR meeting minutes will reflect deliberation and decisions related to curricular evaluation. Any proposed curricular changes are submitted through the university curriculum proposal process using the **Curriculum Proposal Form (Appendix Z).** All curriculum proposals are vetted and voted upon by the appropriate faculty committees as outlined in the Alvernia Faculty Handbook. If proposals
impact the undergraduate students, then the proposal must be presented, voted upon, and passed by faculty of the curriculum committee. The core faculty, under the direction of the Department Chair, will implement the proposed changes in the following semester.

**CURRICULAR TRACKS**

The Program’s curriculum is developed around 6 main curricular tracks. These tracks serve to provide overall structure and ensure the integration of important content. The 6 tracks consist of: Foundation Science, Clinical Foundation, Administration and Education, Critical Inquiry, Clinical Practice Patterns, and Clinical Practice. Within each of the curricular tracks, content is presented in a fashion that proceeds from foundational to more complex. Furthermore, the threads of critical thinking/problem solving, evidence-based practice, and the development of clinical competence are sequentially integrated into the curriculum. The Critical Inquiry track includes faculty-led student research projects that begin in the second semester of the program and culminate in the final semester with student presentations. Research sections are included within the part-time clinical practice courses (DPT 523, 622, 623) and continue in the Research Seminar courses (DPT 713, 714). See the DPT Curriculum Sequence for details of the Program’s course of study.

**Foundation Science Curricular Track:**
- First Year Courses (credit/student contact hrs):
  - DPT500: Gross Anatomy & Histology (5/6)
  - DPT501: Development Through the Lifespan (4/4)
  - DPT502: Kinesiology (4/5)

**Clinical Foundation Curricular Track:**
- First Year Courses (credit/student contact hrs):
  - DPT508: Physical Therapy Procedures I (4/4)
  - DPT509: Foundations of Clinical Examination and Evaluation (4/4)
- Second Year Courses (credit/student contact hrs):
  - DPT608: Physical Therapy Procedures II (4/4)
- Third Year Courses (credit/student contact hrs):
  - DPT708: Management of Medical/Surgical Conditions, Diagnostics, and Pharmacotherapeutics (4/4)

**Administration, Education, and Communication Curricular Track:**
- First Year Courses (credit/student contact hrs):
  - DPT504: Foundations of Physical Therapy (3/3)
  - DPT505: Education and Communication in P.T. (3/3)
- Second Year Courses (credit/student contact hrs):
  - DPT604: Health Care Policy & Issues in P.T. (3/3)
- Third Year Courses (credit/student contact hrs):
  - DPT704: Administration & Management in P.T. (2/2)

**Critical Inquiry Curricular Track:**
- First Year Courses (credit/student contact hrs):
  - DPT523: Clinical Practice II (1/1)
- Second Year Courses (credit/student contact hrs):
  - DPT612: Foundations of Clinical Research I (3/3)
  - DPT622: Clinical Practice IV (1/1)
  - DPT623: Clinical Practice V (1/1)
- Third Year Courses (credit/student contact hrs):
  - DPT712: Foundations of Clinical Research II (2/2)
  - DPT713: Clinical Research Seminar I (3/3)
  - DPT714: Clinical Research Seminar II (3/3)

**Practice Pattern Curricular Track:**
- First Year Courses (credit/student contact hrs):
  - DPT516: Musculoskeletal PT Practice I (4/4)
- DPT520: Neuromuscular PT Practice I (4/4)
- Second Year Courses (credit/student contact hrs):
  - DPT616: Musculoskeletal PT Practice II (4/5)
  - DPT620: Neuromuscular PT Practice II (4/5)
  - DPT628: Cardiopulmonary PT Practice I (3/3)
  - DPT617: Musculoskeletal PT Practice III (4/5)
  - DPT621: Neuromuscular PT Practice III (4/5)
  - DPT629: Cardiopulmonary PT Practice II (4/5)
- Third Year Courses (credit/student contact hrs):
  - DPT732: Integumentary PT Practice (3/3)
  - DPT890/10/11/12: Electives (3/4)

**Clinical Practice Curricular Track:**
- First Year Courses (credit/student contact hrs):
  - DPT522: Clinical Practice I (1/6)
  - DPT523: Clinical Practice II (1/6)
  - DPT524: Clinical Practice III (6/40)
- Second Year Courses (credit/student contact hrs):
  - DPT622: Clinical Practice IV (1/12)
  - DPT623: Clinical Practice V (1/12)
  - DPT624: Clinical Practice VI (6/40)
- Third Year Courses (credit/student contact hrs):
  - DPT724: Clinical Practice VII (8/40)
  - DPT725: Clinical Practice VIII (8/40)

**Other:**
- Third Year Course (credit/student contact hrs):
  - DPT810: Comprehensive Examination (1/2)
### ALVERNIA UNIVERSITY
**Doctor of Physical Therapy Program**
**Curricular Sequence**

#### Fall (semester 1)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
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<tbody>
<tr>
<td>DPT500 Gross Anatomy &amp; Histology</td>
<td>5</td>
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<tr>
<td>DPT501 Development Through the Lifespan</td>
<td>4</td>
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<tr>
<td>DPT504 Foundations of Physical Therapy</td>
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<tr>
<td>DPT508 Physical Therapy Procedures I</td>
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<tr>
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#### Spring (semester 2)

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<tbody>
<tr>
<td>DPT502 Kinesiology</td>
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<td>DPT509 Foundations of Clin Exam and Eval</td>
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<tr>
<td>DPT516 Musculoskeletal PT Practice I</td>
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<td>DPT520 Neuromuscular PT Practice I</td>
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<tr>
<td>DPT523 Clinical Practice II</td>
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#### Summer (semester 3)

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<tr>
<td>DPT524 Clinical Practice III (May-June)</td>
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<tr>
<td>DPT505 Education and Communication in P.T.</td>
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<tr>
<td>DPT512 Foundations of Clinical Research I</td>
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#### Fall (semester 4)

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<tbody>
<tr>
<td>DPT604 Health Care Policy &amp; Issues in P.T.</td>
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<tr>
<td>DPT616 Musculoskeletal PT Practice II</td>
<td>4</td>
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<tr>
<td>DPT620 Neuromuscular PT Practice II</td>
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</tr>
<tr>
<td>DPT628 Cardiopulmonary PT Practice I</td>
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<td>DPT622 Clinical Practice IV</td>
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#### Spring (semester 5)

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<tr>
<td>DPT608 Physical Therapy Procedures II</td>
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<tr>
<td>DPT617 Musculoskeletal PT Practice III</td>
<td>4</td>
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<tr>
<td>DPT621 Neuromuscular PT Practice III</td>
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<tr>
<td>DPT629 Cardiopulmonary PT Practice II</td>
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</tr>
<tr>
<td>DPT623 Clinical Practice V</td>
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<tr>
<td>DPT624 Clinical Practice VI (July-August)</td>
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<tr>
<td>DPT704 Administration &amp; Management in P.T.</td>
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<td>DPT712 Foundations of Clinical Research II</td>
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#### Fall (semester 7) (8 weeks)

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<tr>
<td>DPT708 Management of Medical/Surgical</td>
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<tr>
<td>Conditions, Diagnostics, and Pharmacotherapeutics</td>
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<tr>
<td>DPT713 Clinical Research Seminar I</td>
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<tr>
<td>DPT732 Integumentary PT Practice</td>
<td>3</td>
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<tr>
<td>DPT724 Clinical Practice VII (Oct-Jan)</td>
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<tr>
<td>DPT801 Electives</td>
<td>3 per course</td>
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<td>DPT809</td>
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#### Spring (semester 8)

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<tbody>
<tr>
<td>DPT725 Clinical Practice VIII (Jan-April)</td>
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<tr>
<td>DPT714 Clinical Research Seminar II</td>
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</tr>
<tr>
<td>DPT810 Comprehensive Examination</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

#### Electives: (Choose 1)

- DPT890/10: Special Topics: Sports Physical Therapy
- DPT890/11: Special Topics: Advanced Neuromuscular Rehabilitation
- DPT8900/12: Special Topics in Physical Therapy

**TOTAL CREDITS** 121
DPT I COURSE DESCRIPTIONS

Course Number: DPT 500
Course Name: Gross Anatomy and Histology
Credit/Contact Hours: 5/6 (3 hours lecture/3 hours lab)
This course covers the study of human anatomical structures as they relate to movement, physiological demands of activity, and exercise. Specimens, models, and videos aid a regional approach to the study of structures. The course consists of both lectures and laboratory experiences with pro-section and cadaver dissection. This course also includes a comprehensive study of the microscopic and submicroscopic structure of mammalian tissues.

Course Number: DPT 501
Course Name: Development Through the Lifespan
Credit/Contact Hours: 4/4 (2 hours lecture/2 hours lab weekly)
This course provides a foundation for physical therapy practice with individuals from infancy through adulthood and into old age. It will cover the typical developmental process from infancy through older adulthood. Topics related to the psychosocial, motor and cognitive impact of lifespan development will be addressed. Particular emphasis is placed on the relationship between the developmental process, including aging, and realistic goal-setting for physical therapy intervention of clients throughout adulthood. The course begins with a review of embryology that is pertinent to growth and development and physical therapy practice.

Course Number: DPT 502
Course Name: Kinesiology
Credit/Contact Hours: 4/5 (3 hours lecture/2 hours lab)
This course is an in-depth study of the interaction between the muscular and skeletal systems to produce human movement. The student reviews the anatomy and physiology of the muscular system and learns the mechanical influence it has on the skeletal systems to produce joint movement. A study of posture and gait and functional activity is also included as well as an analysis of human posture and movement in normal and abnormal states. The course includes palpation of anatomical structures and study of the principles of biomechanics including arthrokinematics, osteokinematics, and kinetics.

Course Number: DPT 504
Course Name: Foundations of Physical Therapy
Credit/Contact Hours: 3/3 (3 hours lecture/discussion)
This course introduces the complex role of the physical therapist in today's evolving healthcare environment. Content includes a discussion of the responsibilities of the physical therapist to clients, families, colleagues, the profession, and the community. A discussion regarding the interprofessional nature of clinical practice including a review of the responsibilities of every member of the clinical team will be included. The concept of clinical decision-making and reasoning and the focus on patient-centered outcomes and clinical expertise will be emphasized. Topics will include: Guide to Physical Therapist Practice, documentation, practice act, code of ethics, guide to professional conduct, altruistic service, entrepreneurialism, professional advocacy, respecting patients' rights and autonomy, cultural competency, physical therapy as a doctoring profession, autonomous practice, physician-owned physical therapy practices, evidence-based practice, direct access, delegation and supervision, the role of PT in health, wellness, and prevention, professional development plans, Vision 2020, clinical specialization and board certification, organization and history of the American Physical Therapy Association.

Course Number: DPT 505
Course Name: Education and Communication in Physical Therapy
Credits/Contact Hours: 3/3 (3 online contact hours Week 1 through Week 4. Three contact hours of lecture, Week 5 through Week 10)
This course will explore the educational and communication role of physical therapist as learners and educators with a focus on the education of clients, families, peers, health professionals and community members. Educational activities/roles for physical therapist, which include those within the classroom, clinic and beyond will be defined including community advocate, political action and pro bono work will be explored through active learning experiences. Emphasis will be placed on teaching, learning and motivation theories, learning styles and their applicability in the clinical, professional and academic environments. Students will focus on how to assess the needs of the learner, instructional design, instructional methods and evaluation of learning, including how to effectively educate others using culturally appropriate teaching method. This course is a blended course and will deliver 30%-75% of the content electronically.
which will allow for concurrent integration and reflect of education and communication activities while in a clinical setting. Students will participate in a community engagement project.

Course Number: DPT 508  
Course Title: Physical Therapy Procedures I  
Credit/Contact Hours: 4/5 (2 hours lecture/3 hours lab)  
This course consists of basic physical therapy interventions administered by a physical therapist in a clinical setting. Students will be taught and practice basic interventions, which can be applied to all patient populations, from three major components that comprise all physical therapy interventions. These components include: 1) coordination, communication, and documentation, 2) patient/client-related instruction, and 3) procedural interventions. Specific interventions covered in this course are divided into 3 units and include; Unit One: Functional Training(Self-care, Home Management Prescription and Application of Devices and Equipment), Manual Therapy (including therapeutic exercise) and Physical Agents. Communication/collaboration (verbal and nonverbal) across disciplines and settings and documentation including electronic documentation will be covered throughout each unit. Physical agents include Cryotherapy (cold packs, ice massage, vapocoolant spray), Hydrotherapy (contrast bath, pools, whirlpool tanks), Thermotherapy (dry heat, hot packs, paraffin baths) and, gravity assisted devices (tilt table) and CPM. Manual Therapy includes PROM, therapeutic massage and an introduction to therapeutic exercise. Functional training includes activities of daily living training, device and equipment use and training, injury prevention, wheel chairs, and prescription and application of assistive devices. The application of these interventions will be explored through patient case examples. Lecture and laboratory components prepare students for direct patient care.

Course Number: DPT 509  
Course Name: Foundations of Clinical Examination and Evaluation  
Credit/Contact Hours: 4/4 (2 hours lecture/2 hours lab)  
This course includes exploration into the concepts related to examination, evaluation, and the collection of clinical data. Course content includes the administration and interpretation of clinical tests and measures pertaining to various body systems, screening to determine the need for physical therapy services or referral to other practitioners, assessment of general health status, and functional capacity. An emphasis will be placed on clinical decision-making in the use of clinical data to construct a physical therapy diagnosis, develop an appropriate plan of care, and evaluate outcomes. More specifically, students will develop proficiency in: obtaining a relevant history and engaging in a subjective interview, examination of vital signs, measurement of joint motion, measurement of strength and muscle function, measurement of edema, identification of structural deficits, assessment of pain, administration and evaluation of disability questionnaires, functional examination, the use of standardized tests and measures, and dynamometry. The principles of clinical decision-making, differential diagnosis, goal-setting, and the development of a physical therapy plan of care based on data collected during the examination will be explored.

Course Number: DPT 516  
Course Name: Musculoskeletal Physical Therapy Practice I: Physiology and Pathophysiology  
Credit/Contact Hours: 4/4 (4 hours lecture/discussion)  
This course begins with a clinical approach to normal functioning physiological systems that are most relevant to the practice of musculoskeletal physical therapy as the foundation for a discussion of pathophysiology. The course begins with a regional approach to normal clinical physiology of the musculoskeletal system and progresses into discussion regarding selected syndromes impacting the musculoskeletal system that range across the lifespan. Content will cover the incidence/prevalence, etiology, clinical signs and symptoms, differential diagnosis, diagnostic imaging procedures, medical/surgical/pharmacologic management, as well as prognosis and potential for recovery of selected musculoskeletal conditions. The implications of each syndrome on Physical Therapy practice and evidence-based guidelines used in the management of these conditions will be reviewed. Using a regional approach, students will learn important features of selected conditions that will serve as the basis for future courses (DPT 616, DPT 617). Students will also be introduced to the concepts of exercise physiology that will be revisited within other courses throughout the curriculum.

Course Number: DPT 520  
Course Name: Neuromuscular Physical Therapy Practice I: Neuroscience  
Credit/Contact Hours: 4/4 (4 hours lecture weekly) Course Prerequisites: DPT 500, 501, 504, 508, 522  
This course begins with a clinical approach to normal functioning physiological systems that are most relevant to the practice of neuromuscular physical therapy as the foundation for a discussion of pathophysiology. The course begins with a regional approach to normal clinical physiology of the neuromuscular system and progresses into discussion regarding selected syndromes impacting the neuromuscular system that range across the lifespan. Content will cover the incidence/prevalence, etiology, clinical signs and symptoms, differential diagnosis, diagnostic imaging procedures,
introduction to medical/surgical/pharmacologic management, as well as prognosis and potential for recovery of selected neuromuscular conditions. The implications of each syndrome on Physical Therapy practice and evidence-based guidelines used in the management of these conditions will be reviewed. Students will learn important features of selected conditions that will serve as the basis for future courses (DPT 620, DPT 621).

Course Number: DPT 522  
Course Name: Clinical Practice I  
Credits/Contact Hours: 1/42 (2 hour lecture week 1,3, 5,7, 14. Three hours clinic time Week 8-13)  
The purpose of this course is to introduce and prepare the students for clinical experiences within the first academic year. Students will participate in pre-clinical activities focusing on legal regulations of clinical practice, personal and client safety, and personal health. Students will have an opportunity to explore their preferred learning styles and personality traits, which will help students to understand how they learn and process information and will enable them to develop strategies to enhance their learning potential. Students will have an opportunity to identify their individual personality traits in order to provide them with insight into their motivation, actions and communication approaches and to understand these aspects in others. In the clinical settings, students will work one-to-one with a supervisor to observe clinical practice and practice newly learned concepts. An emphasis is placed on professional behavior and self-assessment of one’s professional behavior. This is the first of four part-time internships and students will be placed inpatient or outpatient settings that emphasize physical therapy management of patients with musculoskeletal disorders.

Course Number: DPT 523  
Course Name: Clinical Practice II  
Credits/Contact Hours: 1/40 (Two hour lecture Week 1-7, 14. Three hours clinic time Week 8-13, Six distance education hours)  
The purpose of this course is to provide students with opportunities to apply newly learned concepts and skills within the clinical setting. The focus of course is on clinical observation and supervised application of appropriate examination and intervention skills/procedures. An emphasis is placed on professional behavior and self-assessment of one’s professional behavior. This is the second of four part-time internships and students will be placed inpatient or outpatient settings that emphasize physical therapy management of patients with musculoskeletal disorders. Expectations for professional behavior and skills assessment will be commensurate with current course objectives.

This course will also include a clinical research component. Students will work collaboratively in groups under the advisement of Program faculty. This is one course in a series of courses that culminates in an original research project that will be completed and presented prior to graduation. These learning experiences are designed to enhance students’ ability to critically appraise the literature and engage in the process of designing, conducting, and presenting clinical research.

Course Number: DPT 524  
Course Name: Clinical Practice III  
Credits/Contact Hours: 6/40  
The purpose of this course is to foster the development of entry-level physical therapy skills in a non-specialized inpatient or outpatient setting. This is the first of four full-time clinical practice courses, which will occur in the third semester of the curriculum for sixweeks. Under the supervision of a clinical instructor, students will practice physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Development of professional behaviors is an important component throughout the clinical practice series and students will have opportunities for self-assessment, self-reflection, peer and supervisory assessment. Students will be expected to perform at the Beginning performance and/or Advanced beginner performance by the conclusion of this internship as described by APTA’s Clinical Performance Instrument.

DPT II COURSE DESCRIPTIONS

Course Number: DPT 604  
Course Name: Health Care Policy and Issues in Physical Therapy  
Credits/Contact Hours: 3/3 (3 hours lecture)  
This course is designed to introduce students to current issues within the national health care arena that impact health care and the profession of physical therapy. Such topics include: cultural competency, entitlement, rationing, consent, confidentiality and HIPAA, chronic illness and disability, epidemiology, beneficence, autonomy, ADA, reimbursement,
health disparity, and health care advocacy. This course will review issues and explore cases related to the ethical and legal dimensions of health care and standards that govern practice. Various aspects of health care policy will be explored, which include current legislation that is most relevant to healthcare and the profession of physical therapy. Current issues related to the practice of physical therapy will include: malpractice, direct access, delegation and supervision, legal issues and liability, documentation, quality assurance and outcomes assessment, evidence-based/informed practice, expertise and clinical specialization, and ethical dilemmas currently facing the physical therapist. In addition, the course will cover the concept of disability, including several models used to classify disability. A discussion regarding the impact of disability and disease on individuals, family, and society will provide a framework for students to appreciate the complex role of the physical therapist in managing clients as individuals with needs that go beyond the physical realm.

Course Number: DPT 608  
Course Name: Physical Therapy Procedures II  
Credit/Contact hours: 3/4 (2 hours lecture/ 2 hours lab weekly)  
This course provides an investigation into the use of electrotherapy as a diagnostic and treatment agent and explores the principles and practices of physical agents in physical therapy. The principles of electrodiagnostics and electrical stimulation will be covered in depth. The electrotherapy unit includes a discussion of electrophysiology, the instrumentation and application of various types of electrical stimulation modalities, as well as low level laser, and biofeedback. Topics include electrical muscle stimulation, electrical stimulation for tissue repair, functional electrical stimulation, high voltage pulsed current, neuromuscular electrical stimulation, and transcutaneous electrical nerve stimulation. This unit is competency based, with ample practice time devoted to the appropriate utilization of electrotherapy as a treatment choice. As a continuation from DPT 508, the second half of this course includes instruction in the principles and practice of physical agents and modalities including such topics as: ultrasound, phonophoresis, infrared, laser, ultraviolet, compression bandages, garments, and taping, total contact casting, vasopneumatic compression devices, manual lymph drainage, diathermy, as well as intermittent, positional, and sustained mechanical traction.

Course Number: DPT 612  
Course Name: Foundations of Clinical Research I  
Credits/Contact hours: 3/3 (3 hours lecture)  
This course focuses on the application of clinical research principles to physical therapy practice. Students will be introduced to the concepts of measurement, research design, analysis and communication of physical therapy related research. A primary objective is for students to acquire the knowledge, understanding and skill necessary to obtain and critically read research relevant for physical therapy practice. Students will begin to interpret and apply published research through an understanding of the statistics and different methods of research. Concepts of evidence-based practice, ethics in research, development of a research question, searching the literature, appropriate referencing, and scientific writing style will be explored.

Both quantitative and qualitative research designs will be introduced, however, an emphasis will be placed on exploring the nuances of quantitative research designs in physical therapy. Topics include: measurement theory, descriptive statistics, measures of variability, single subject designs, parametric and non-parametric statistics, inference, correlation and regression, reliability, sensitivity/specificity, and the use of SPSS software. The course focuses on the application of principles of clinical research to physical therapy practice. The student is expected to become proficient in the interpretation of published research by demonstrating knowledge of the application of statistics and different methods of research. The course also focuses on critically examining the psychometric properties of tests and measures of health status, body function, and structure, activity, and participation.

Course Number: DPT 616  
Course Name: Musculoskeletal Physical Therapy Practice II: Extremities  
Credit/Contact Hours: 4/5 (2 hours lecture/3 hours lab)  
This course includes a regional approach to musculoskeletal examination, evaluation, diagnosis, and prognosis of musculoskeletal conditions of the upper and lower extremity. Students will utilize evidence-based examination procedures to establish a differential diagnosis that informs intervention. The intervention aspect of the course includes the theory and practical application of therapeutic exercise and manual interventions. The principles of range of motion, proprioceptive neuromuscular facilitation, mobilization, stretching, and progressive resistance activities are included, in addition to a review of adjunctive interventions. A review of common syndromes impacting the extremities throughout the lifespan will be reviewed with a discussion and practical application of a variety of proposed evidence-based physical therapy interventions.
Course Number: DPT 617  
Course Name: Musculoskeletal Physical Therapy Practice III: Spine  
Credit/Contact Hours: 4/5 (2 hours lecture/3 hours lab)  
This course includes a regional approach to musculoskeletal examination, evaluation, diagnosis, and prognosis of musculoskeletal spinal conditions. Students will utilize evidence-based examination procedures to establish a differential diagnosis that informs intervention. The intervention aspect of the course includes the theory and practical application of therapeutic exercise and manual interventions. The principles of range of motion, proprioceptive neuromuscular facilitation, mobilization, stretching, and progressive resistance activities are included, in addition to a review of adjunctive interventions. A review of common syndromes impacting the spine throughout the lifespan will be reviewed with a discussion and practical application of a variety of proposed evidence-based physical therapy interventions. Additional topics will include women’s health, aquatic therapy, aerobic fitness training, and health, wellness, and prevention, and functional capacity evaluations and work hardening/conditioning. Throughout the course, an emphasis will be placed on evidence-based, clinical decision making. This course will also include a review of concepts related to exercise physiology.

Course Number: DPT 620  
Course Title: Neuromuscular Physical Therapy Practice II  
Credit/Contact Hours: 4/5 (2 hours lecture/3 hours lab)  
This course will build on the content contained in DPT 520 and will focus on physical therapy examination and intervention of individuals with impairments of the central nervous system throughout the lifespan. Students will explore a variety of physical therapy management principles and procedures for individuals seen in the acute care, post-acute rehabilitation, skilled nursing, transitional care unit, and home health care practice settings with diagnoses of cerebral vascular accident, cerebral palsy and other pediatric neuromuscular disorders, Parkinson’s disease, disorders of the cerebellum, cognitive deficits and neglect, and other neuromuscular movement disorders. The principles of evidence-based practice will be applied to examination and intervention of individuals with neuromuscular impairments including NDT, constraint-induced therapy, CIT and partial weight gait training, management of spasticity, balance training, motor learning, advanced gait training.

Course Number: DPT 621  
Course Title: Neuromuscular Physical Therapy Practice III  
Credit/Contact Hours: 4/5 (2 hours lecture/3 hours lab)  
This course will build on the content contained in DPT 520 and DPT 620 and will focus on physical therapy examination and intervention of individuals with impairments of the central nervous system. Students will explore a variety of physical therapy management principles and procedures for individuals seen in the post-acute rehabilitation setting with diagnoses of cerebral vascular accident, spinal cord injury, traumatic brain injury, and other neuromuscular movement disorders. The principles of evidence-based practice will be applied to examination and intervention including attention, memory, language, executive function, motor learning, and advanced wheelchair prescription, and principles of gait training and locomotion. This course will also include a unit on prosthetics and orthotics that includes evidence-based principles related to prescription, fitting, and training within the context of physical therapy.

Course Number: DPT 622  
Course Name: Clinical Practice IV  
Credits: 1 (1 hour lecture 6 weeks, clinical hours 6 Week 7-13)  
The purpose of this course is to provide students with opportunities to apply newly learned concepts and skills within the clinical setting. The focus of this course is on clinical observation and supervised application of appropriate examination and intervention skills/procedures. An emphasis is placed on professional behavior and self-assessment of one’s professional behavior. This is the third of four part-time internships and students will be placed inpatient or outpatient settings that emphasis physical therapy management of patients with musculoskeletal, neuromuscular and cardiovascular/pulmonary disorders. Expectations for professional behavior and skills assessment will be commensurate with current course objectives. This course will also include a clinical research component. Students will work collaboratively in groups under the advisement of Program faculty. This is one course in a series of courses that culminates in an original research project that will be completed and presented prior to graduation. These learning experiences are designed to enhance students’ ability to critically appraise the literature and engage in the process of designing, conducting, and presenting clinical research.

Course Number: DPT 623
Course Name: Clinical Practice V
Credits: 1
This course is the final part-time clinical experience that takes places during the second year, spring semester for 6 hours a week for 5 weeks and is concurrent with the initial courses in the musculoskeletal, cardiopulmonary, and neuromuscular practice pattern series. The purpose of this experience is to provide students with opportunities to observe and apply newly learned concepts and skills within an outpatient orthopedic setting. This opportunity offers the student a chance to identity challenging areas within their foundational skills, reflect on their most effective learning style and provide ample time to strengthen areas of weakness prior to their next full time internship. To fulfill a primary objective of the program, this experience enables students to incorporate practice of professional behaviors with self, peer and supervisory feedback. Expectations for professional behavior and skills assessment will be commensurate with current course objectives.

This course will also include a clinical research component. Students will work collaboratively in groups under the advisement of Program faculty. This is one course in a series of courses that culminates in an original research project that will be completed and presented prior to graduation. These learning experiences are designed to enhance students’ ability to critically appraise the literature and engage in the process of designing, conducting, and presenting clinical research.

Course Number: DPT 624
Course Name: Clinical Practice VI
Credit/Contact Hours: 6/40
The purpose of this course is to foster the development of entry-level physical therapy skills in a non-specialized inpatient OR outpatient setting (which ever was not completed in DPT524). This is the second of four full time clinical internships and will occur in the sixth semester of the curriculum for 6 weeks. Under the supervision of a clinical instructor, students will practice physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Development of professional behaviors is an important component throughout the clinical practice series and students will have opportunities for self-assessment, self-reflection, peer and supervisory assessment. Students will be excepted to perform at the Intermediate Performance and/or Advanced Intermediate Performance as assessed by APTA’s Clinical Performance Instrument.

Course Number: DPT 628
Course Name: Cardiopulmonary Physical Therapy Practice I: Physiology and Pathophysiology
Credit/Contact Hours: 3/3 (3 hours lecture/discussion/seminar/lab)
Structure and function of the cardiopulmonary system which provides the foundation for the series of cardiopulmonary courses including histology and physiology with clinical application. This course will focus on the normal and abnormal physiology of the cardiovascular and pulmonary systems in the practice of physical therapy across the lifespan. A review of principles related to exercise physiology and normal and abnormal cardiorespiratory response to exercise. A review of selected conditions of the cardiopulmonary system will address the incidence/prevalence, etiology, clinical signs and symptoms, differential diagnosis, diagnostic imaging procedures, medical/surgical/pharmacologic management, as well as prognosis and potential for recovery for selected conditions. This course is used to build a foundation for courses later in the curriculum which will address the examination, evaluation and intervention of patients with cardiovascular and pulmonary conditions.

Course Number: DPT 629
Course Name: Cardiopulmonary Physical Therapy Practice II
Credit/Contact Hours: 4/5 (2 hours lecture/3 hours lab)
Cardiopulmonary examination, evaluation, diagnosis, prognosis, and intervention. This course includes a regional approach to the physical therapy management of the cardiopulmonary system in a variety of practice settings ranging from acute care to outpatient that builds on DPT 628. This course will focus on developing and refining examination and intervention skills in patients with acute pathologies. The course will include a didactic and lab component intended to develop the students’ hands on ability in performing skills such as strength, ROM assessment, balance, coordination, proprioception, auscultation of the heart and lungs, chest wall excursion and breathing pattern. In addition, students will gain exposure to intervention skills, including not only functional mobility, but also airway clearance and chest wall mobility techniques. Cases encountered in this class will encompass the musculoskeletal, neuromuscular, integumentary and cardiopulmonary systems. A portion of the course will be devoted to the principles of exercise physiology and students will be exposed to principles and practices designed to evaluate the body’s response to exercise and implement interventions designed to improve cardiorespiratory and metabolic function through exercise.
DPT III COURSE DESCRIPTIONS

Course Number: DPT 704
Course Name: Administration and Management in Physical Therapy
Credits/Contact hours: 2/2 (2 hours lecture)
This course exposes and introduces students to concepts related to the principles of management and supervision with special application to the physical therapy setting. Such topics will include: human resource management, billing procedures/reimbursement/software, business development and planning, entrepreneurship, organization of the work environment, risk management, material safety, employee feedback/mentorship/evaluation, student supervision, professional consultation, writing job descriptions, interviewing skills, ADA, patient bill of rights, financial management, quality assurance, HIPAA, marketing, workers’ compensation, documentation, private practice and clinic development, POPTS and competition and marketing, recruiting, licensure, OSHA/JCAHO/CARF guidelines and accreditation.

Course Number: DPT 708
Course Name: Management of Medical/Surgical Conditions, Diagnostics, and Pharmacotherapeutics
Credit/Contact Hours: 4/4 (4 hours of lecture, discussion, seminar)
This course is designed to introduce students to common medical and surgical conditions that may be encountered within the physical therapy setting. Lecture and discussion will focus on the etiology, pathogenesis, sequelae, clinical signs and symptoms, and prognosis for a wide range of common conditions impacting multiple body systems. A regional and systems-based approach will be adopted that allows students to appreciate the interdependence of body systems on one another. The impact of selected conditions on the physical therapy diagnosis, progression, outcome, and prognosis will be emphasized. The medical and surgical management of selected conditions will also be provided which emphasizes the impact of these procedures on physical therapy. Discussion will include a review of post-surgical protocols and precautions.

This course will also include instruction in a wide range of diagnostic testing procedures used in current medical practice. A variety of diagnostic imaging procedures will be discussed, including plain film radiography, CT Scan, Scintigraphy, MRI, arthrography, angiography, EMG/NCV, lab values, among others, with an emphasis on the use of these procedures to assist in differential diagnosis. The diagnostic imaging component of the course emphasizes reading and interpreting films, identifying basic radiographic anatomy, and the correlation of findings in the context of clinical cases.

The pharmacology component of the course uses a case-based approach to studying the impact of pharmacotherapeutics on clinical decision making in physical therapy. The course is designed to develop a basic understanding of drug pharmacology and how to apply these concepts to the practice of physical therapy. Emphasis is placed on the mechanism of action of drugs, pharmacokinetics, side effects and therapeutic use. The overall goal is to foster an understanding of how pharmacological interventions may impact physical therapy care.

Course Number: DPT 712
Course Name: Foundations of Clinical Research II
Credit/Contact Hours: 2/2 (2 hours lecture/discussion)
Year, Semester: DPT III, Fall (semester 7)
This course is an introduction to qualitative research with an emphasis on the role that qualitative research fills in the evidence-based practice of physical therapy. The course will cover the assumptions of the qualitative paradigm, include a comparison to the quantitative paradigm, and discuss multimodal research where both paradigms are used together. Students will have opportunities to critically appraise the qualitative literature related to physical therapy.

This course is the first of a two-part seminar series which guides students from the development of a research question, literature search, development of methodology, data collection, statistical analysis, and culminates in a presentation and/or publication.

Course Number: DPT 713
Course Name: Clinical Research Seminar I
Credit/Contact Hours: 3/3 (3 hours of group discussion/method development/literature review/data collection/independent study)
This course provides students the opportunity to explore a specific research question related to physical therapy. In groups, students will have the opportunity to apply principles obtained in prior coursework to a specific research project in collaboration with a DPT faculty member. This course is the first of a two-part seminar series which guides students from the development of a research question, literature search, development of methodology, data collection, statistical analysis, and culminates in a presentation and/or publication.

This course will also include a clinical research component. Students will work collaboratively in groups under the advisement of Program faculty. This is one course in a series of courses that culminates in an original research project.
that will be completed and presented prior to graduation. These learning experiences are designed to enhance students’ ability to critically appraise the literature and engage in the process of designing, conducting, and presenting clinical research.

**Course Number:** DPT 714  
**Course Name:** Clinical Research Seminar II  
**Credit/Contact Hours:** 3/3 (3 hours of group discussion/method development/literature review/data collection/independent study)

This course provides students the opportunity to explore a specific research question related to physical therapy. In groups, students will have the opportunity to apply principles obtained in prior coursework to a specific research project in collaboration with a DPT faculty member. This course is the second of a two-part seminar which guides students from the development of a research question, literature search, development of methodology, data collection, statistical analysis, and culminates in a presentation and/or publication.

This course will also include a clinical research component. Students will work collaboratively in groups under the advisement of Program faculty. This is one course in a series of courses that culminates in an original research project that will be completed and presented prior to graduation. These learning experiences are designed to enhance students’ ability to critically appraise the literature and engage in the process of designing, conducting, and presenting clinical research.

**Course Number:** DPT 724  
**Course Name:** Clinical Practice VII  
**Credit/Contact Hours:** 8/40

DPT 724 Clinical Practice VII is a 12 week full-time clinical internship that occurs post didactic and is empowers (or facilitates) the student’s practice of entry-level physical therapy skills and enable a more accurate assessment of each student’s entry level proficiency. This internship will take place in either a rehabilitation setting where 40% or greater of patients have neuromuscular diagnosis or a specialized clinical setting of the student choice. Students will be placed in the alternative clinical setting for DPT 725. Students are expected to perform at the Advance Intermediate or Entry-Level levels as described in APTA’s Clinical Performance Instrument in a variety of setting with patient populations that range from generalized, complex and may include specialty areas.

**Course Number:** DPT 725  
**Course Name:** Clinical Practice VIII  
**Credit/Contact Hours:** 8/40

DPT 725 Clinical Practice VIII is a 12 week full-time clinical internship that occurs post didactic and is empowers (or facilitates) the student’s practice of entry-level physical therapy skills and enable a more accurate assessment of each student’s entry level proficiency. This internship will take place in either a rehabilitation setting where 40% or greater of patients have neuromuscular diagnosis or a specialized clinical setting of the student choice. Students will be placed in the alternative clinical setting completed for DPT 724. Students are expected to perform at the Advance Intermediate or Entry-Level levels as described in APTA’s Clinical Performance Instrument in a variety of setting with patient populations that range from generalized, complex and may include specialty areas.

**Course Number:** DPT 732  
**Course Name:** Integumentary Physical Therapy Practice  
**Credits/Contact Hours:** 3/3 (3 hours lecture/lab)

This course will explore physical therapy in the management of patients with integumentary conditions. This will include a study of normal and abnormal structures and function of the integumentary system and pathological alteration of structure and function. A general foundation in examination, evaluation, diagnosis, prognosis, interventions and outcomes for persons with various types of wounds will be provided. Application of specific tests and measures, their reliability and validity, and efficacy of treatment interventions will be covered. Clinical reasoning and decision making will be fostered through multiple case studies.

**Course Number:** DPT 810  
**Course Name:** Comprehensive Examination  
**Credit/Contact Hours:** 1/2 (2 hours/week of formal and informal preparation time/independent study)

This course is composed of the preparation and administration of a comprehensive examination. This examination is the culminating experience of the program, which reflects mastery of the didactic component of the physical therapy curriculum. The examination is 3 hours in duration and is comprised of 3 sets of 50 multiple choice questions. Passage of
this exam is required for graduation.
Appendices
Appendix A

DOCTOR OF PHYSICAL THERAPY PROGRAM

Job Delineation

Position:  Doctor of Physical Therapy Department Chair

Reports to:  Department Chair of Allied Health and Human Services, Dean of College of Professional Programs

Background
A faculty member is appointed Department Chair by the President upon the recommendation of the Provost. Department Chairs are appointed for a term of three years, may be reappointed for additional terms, and receive release time equivalent to one, three-credit course reduction per semester. The DC's contract will ensure his/her availability over 12-months. Department Chairs may serve as department chairs and thus may assume the responsibilities described in Section III.B of the Alvernia Faculty Handbook. Additionally, the DPT Department Chair will possess senior faculty status within the University at a minimum rank of tenure-track, Associate Professor with all associated rights and privileges.

Minimum Requirements

- Graduate of an accredited physical therapist professional program
- Earned doctoral degree in physical therapy, education, clinical specialty, or other related fields of study. Academic doctorate is preferred (EdD, PhD) but DPT is acceptable based on teaching experience and the composition of current faculty.
- Licensed or eligible for licensure in PA.
- Minimum of 10 years experience as a licensed physical therapist.
- Minimum of 10 years of clinical teaching and/or clinical coordination experience.
- Minimum of 10 years of full-time academic teaching experience.
- Have experience in a variety of areas of teaching and clinical expertise in at least one practice area.
- Have a background in educational theory and methodology, instructional design and experience in teaching in the academic setting.
• Show knowledge of contemporary curricular content for the education of the physical therapist.
• Show competence by demonstrating knowledge, skills, safety and care in the delivery of physical therapy services.
• Show continuing currency in contemporary physical therapy practice, including ongoing clinical involvement or current CEU’s.
• Strong communication, organization, interpersonal, problem-solving, and counseling skills.
• Current knowledge and skill in the use of information and computer technology (e.g., word processing, e-mail, database) or proven ability to learn these skills.
• Able to work with students with special needs based on the Americans with Disabilities Act (ADA).
• Knowledge of legislative, regulatory, legal, and practice issues affecting clinical education, students, and the profession of physical therapy.
• Able to meet faculty requirements as stated in the Evaluative Criteria for Physical Therapist Education Programs.
• Design and conduct independent and/or collaborative research in clinical education or related areas.
• Member of the American Physical Therapy Association.
• Able to work independently and coordinate work with colleagues and peers.

Preferred Requirements
Possess all minimum requirements, with the addition of:
• Knowledge of educational, management, and adult learning theory and principles.
• Active in clinical practice, within their area of clinical specialization.
• Active in professional activities at local, state, and/or national levels.

Removal of Academic Administrators
The President or Provost can relieve a College Dean or Department Chair

Department Chair Position Responsibilities

I. Narrative General Description:
The Department Chair (DC) is responsible for the organization, administration, continuous review, planning, development and effectiveness of the DPT Program and serves as faculty for
II. Primary Responsibilities:

A. Responsible for the oversight, development, and progression of the DPT Program
   - Recommends and coordinates provisions for texts and course materials
   - Collaborates with core faculty in making recommendations for equipment and facilities and resource allocation
   - Collaborates with core faculty in making recommendations for hiring, staffing needs
   - Ensures the Program's congruence with its Mission, goals, and expected outcomes and those of the University
   - Facilitates long-term strategic Program planning
   - Schedules and presides over weekly DPT faculty meetings, End of Semester Review sessions, DPT Professional Advisory Board Meetings, among others
   - Serves as liaison between the Program and the University and local constituents through various methods

B. Ensures that the Program remains in compliance with all CAPTE-accreditation requirements:
   - Serves as the chief representative between the Program and CAPTE
   - Responsible for CAPTE accreditation requirements & compliance
   - Facilitates the completion of the AFC, SSR, and AAR within the accreditation cycle
   - Reports outcomes data to CAPTE and the public
   - Communicates CAPTE requirements to individuals within and outside of the Program
   - Ensures that the Program achieves and remains in compliance with all accreditation standards
   - Supervises preparation of all accreditation documents and reports, and submits accreditation fees in a timely fashion
   - Ensures that the program complies with all evaluative criteria within two years after the program has been found to be out of compliance

C. Arbiter of the DPT Program Curriculum in collaboration with DPT core faculty to ensure that the curriculum meets the standards of the University, CAPTE criteria, Program mission/goals/expectations, and are in alignment with contemporary PT practice and the needs of the local community regional employers of physical therapist assistants.
   - Ensure congruence of the curriculum with the Mission and standards of the Program
   - Ensure congruence of the curriculum with the Mission and standards of the University
   - Ensure congruence of the curriculum with best practice professional standards, current best evidence, and the standards determined by CAPTE
   - Ensure congruence of the curriculum with the needs of the local community
   - Collaborate with core faculty in the review and revision of the curriculum on a yearly basis
   - Facilitate the process of course and curriculum evaluation every semester
Ensure that course content represents contemporary practice
Arrange for the optimal course sequence
Confer and assist the ACCE in the development and maintenance of the clinical education program
Advocate for curricular revision through presentation of proposals to Department, College, and University committees
Maintains faculty participation in curriculum evaluation
Responsible for making and implementing approved changes as suggested by Advisory Board, faculty, local constituents, University constituents
Develops, reviews, and revises curriculum to ensure that students receive the essential preparation for obtaining credentials in their profession after graduation;

D. Provide administrative support for the Program faculty, staff, and students.
- Collaborates with core faculty on the Admissions Review Committee
- Serves as the liaison between the Program and PTCAS and facilitate the admissions process
- Advises incoming DPT students and enrolled DPT students
- Responsible for new student orientation
- Monitor individual DPT student performance and academic progression
- Determine teaching responsibilities considering the various strengths of the program, core, associated, and clinical faculty
- Identify qualified core and associated faculty and secure their employment by serving as the liaison between the faculty member and the University during contract negotiation
- Organize faculty and staff search committees
- Develop and maintain a listing of qualified associated personnel
- Develop class schedules
- Makes recommendations to the Department Chair for hiring of core and associated faculty and staff
- Upon intent to hire faculty and staff, communicates with Human Resources to assure proper documentation
- Securely maintains permanent staff and faculty employment files
- Collaborate with the Department Chair in annual faculty evaluation
- Assists the ACCE with procuring clinical sites and qualified clinical instructors
- Mentors new faculty in the areas of teaching, scholarship, and service
- Oversees recruitment, selection, advisement, evaluation, and retention of matriculated and non-matriculated students
- Monitors clinical education of students and maintains professional relationships with practitioners who supervise students in clinical settings
- Fosters an academic climate that facilitates the professional growth of students, staff, and faculty
- Oversees compliance with regulations that provide for the safety of students, staff, and faculty
- Maintains regular office hours
- Facilitates effective communication among Program faculty
E. Ensure the effectiveness of the program through annual assessment of the achievement of established learning outcomes and the periodic program review process.

- Receives and responds to complaints regarding the DPT program
- Performs annual Program review of program and advocates for the needs of the Program to University administration
- Maintains faculty participation in Program assessment and planning
- Responsible for making and implementing approved changes as suggested by Advisory Board, faculty, local constituents, University constituents

E. Engages in Teaching, Scholarship, and Service

- Exceeds University and accreditation standards related to teaching, scholarship, and service
- Demonstrates excellence in teaching within area of specialization
- Maintains an ongoing scholarly agenda including presentation and publication
- Demonstrates ongoing service to the Program, College, University, and Profession

F. Fiscal and Facilities Management and Responsibility of the Program

- Collaborates with the Department Chair to ensure that adequate resources are available for DPT students, faculty, staff
- Collaborate with the Department Chair in the oversight of an annual operational budget
- Regularly consults with DPT core, associated, and clinical faculty and staff in resource allocation and Program needs
- Recommend needed equipment and supplies to University administration
- Provide faculty and staff recommendations to University administration
- Oversees safety and maintenance of DPT lab space
- Ensures regular cleaning, maintenance/repair of equipment, and annual biomedical checks
- Ensures proper storage of hazardous materials and proper disposal of hazardous waste
- Develop a system that ensures student and faculty safety and access to the facilities

G. Serve as the primary representative between the Program and the University, profession, and local professional and non-professional community.

- Maintains communication with senior level administration and other programs within the University
- Provides educational resources for local clinicians
- Develop and progress community education and service-learning initiatives
- Facilitates effective communication among individuals involved in the Program from both within and outside of the University

Source:
Alvernia University Faculty Handbook, June 2013
### ALVERnia University PT Department

**Faculty Committees**

**A.Y. 2015-16, 2016-17, 2017-18**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Description</th>
<th>Charge</th>
<th>Faculty</th>
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</thead>
<tbody>
<tr>
<td><strong>Admissions Committee</strong></td>
<td>Review and make decisions on all program applicants for admission into the program including transfer students</td>
<td>-Review applications on rolling admission through triangulation as they are completed and received from Office of Graduate and Adult Education -See DPT Admissions Policy -PTCAS in 2015</td>
<td>CW, DB, JM, MT, JO, Assoc. Faculty</td>
</tr>
<tr>
<td><strong>Academic Review Committee</strong></td>
<td>Review current or pending issues related to the academic progress or the behavior of students and to develop methods for resolution of these issues</td>
<td>-Engage students to resolve academic and behavioral challenges and attempt to identify students who are having difficulty meeting Program requirements -Formulate learning contracts with students which may include either a(n): 1. Education Plan, 2. Progression Plan, or 3. Action Plan -Handle decisions regarding probation, dismissal, re-admission, leave of absence -Collaborates with student faculty advisors</td>
<td>Core faculty ad hoc committee. PD is chair 2015-16: CW(chair), DB, JM 2016-17: CW(chair), DB, MT, JO 2017-18: CW(chair), MT, JO, FTE?</td>
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<tr>
<td><strong>Mission, Policy, and Planning (MPP) Committee</strong></td>
<td>Provide formal, ongoing assessment of the congruence between Program Policies/Procedures and practices; Address any new initiatives that are being considered in regards to program development</td>
<td>-Meets regularly -Assess all program initiatives and practices in light of the program’s mission and objectives using the Policy Evaluation Form -Procurces data from DPT Outcomes Committee and assesses program policies and procedures in light of program practices and determines if policies are meeting program needs -Reviews the extent to which practices adhere to policies and procedures -Prepares a Policy Review Report, which summarizes the program’s congruence with current policies and presents the report at Spring ESR -Addresses ideas, initiatives from outside constituents -Make recommendations to DPT faculty</td>
<td>2015-16: CW(chair), DB(co-chair), JM, Assoc. Fac, student 2016-17: DB(chair), JM(co-chair), MT 2017-18: CW(chair), MT(co-chair), JO, FTE?</td>
</tr>
<tr>
<td><strong>Curriculum Committee</strong></td>
<td>Arbiters of the program’s curricular structure and design</td>
<td>-Meet on a regular basis (min 2x/semester) -Review policies, procedures, and practices related to the Program’s curriculum and congruence with mission, goals, etc. -Consider proposed changes, recommendations, and issues that arise related to the curriculum -Explore resolutions and make recommendations to DPT faculty</td>
<td>2015-16: JM(chair), DB(co-chair), CW 2016-17: JM(chair), CW(co-chair),DB, MT, JO 2017-18: CW(chair), MT(co-chair), JO, FTE?</td>
</tr>
<tr>
<td><strong>Outcomes Committee</strong></td>
<td>Develop and administer the program’s outcomes assessment plan</td>
<td>-Meet on a regular basis (min 2x/semester) -Develop mechanisms for collecting data from current students, graduates, clinical education sites, employers, and local PT constituents, among others -Provide input in regards to the program’s success in meeting its mission and objectives and offer suggestions for improving outcomes -Monitor and maintain TK20 and use this system to monitor program compliance with its mission and objectives -Make recommendations to DPT faculty</td>
<td>2015-16: CW(chair), JM 2016-17: CW(chair), JM(co-chair), MT, JO 2017-18: CW(co-chair), MT(chair), JO, FTE?</td>
</tr>
<tr>
<td><strong>DPT Faculty Development Committee (FDC)</strong></td>
<td>Makes recommendations to University P and T regarding DPT faculty promotion and tenure. Reviews faculty self-assessment annually and makes recommendations to Department Chair</td>
<td>-Ad hoc committee that serves both a formative and summative role in facilitating faculty development -Provide recommendations and recommendations with a final summary provided to the faculty member and placed in his/her permanent file no later than May 15 -At the time in which a faculty member is up for promotion/tenure, each DPT core faculty member will follow the following timeline: 1.) April 15: promotion/tenure portfolio is submitted to the DPT FDC committee for review. 2.) April 15-April 30: candidate meets with the DPT FDC for internal review of his/her portfolio, 3.) May 15: final recommendations of the FDC are provided to the candidate and placed within his/her permanent file. If committee votes favorably for the candidate to pursue promotion/tenure, a letter of support is provided by the P and T committee and added to the candidate’s dossier. -The last Friday in January, each DPT core faculty member submits his or her annual self-evaluation as per university guidelines and</td>
<td>Core faculty ad hoc committee. PD is chair</td>
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simultaneously submits his or her self-evaluation to the DPT FDC for internal review. The DPT FDC reviews self-evaluations, develops recommendations, and meets with each faculty member to review the recommendations. A summary letter of the committee's findings with recommendations is submitted to the Department Chair by the first Friday in February and passed along with the recommendation of the Department Chair to the Dean by the second Friday in February.

| DPT Professional Advisory Board | To ensure that the DPT Program is pursuing educational initiatives that are consistent with contemporary physical therapy practice and the needs of the community | DPT core and Assoc. Fac., AU administration, local clinicians, civic leaders, student officers from each DPT class |
| Faculty Advisor (Student) | Ensure smooth transition of new student into program and be available to advise and mentor throughout the program | All faculty assigned students one month prior to new student orientation and maintained throughout program |
| Faculty Advisor (Class) | | CW (2018), JM (2019), MT (2020), JO (2021), FTE? |
| AUPTSA Faculty Advisor | | CW |

Yellow: Standing Committees scheduled throughout each semester
The Alvernia University Doctor of Physical Therapy Professional Advisory Board has been developed in order to ensure that the Program’s mission and goals accurately reflect current trends and best practice standards of the profession and that the Program meets the needs of the community. The board will meet on a biannual or annual basis and make recommendations to the core DPT Faculty. These recommendations will provide important outcome data related to the Program and will be collected on a yearly basis and in accordance with the Program’s CAPTE accreditation review cycle. The advisory board consists of local physical therapist clinicians, educators, and researchers as well as local healthcare administrators, local healthcare-related business professionals, University administration, physicians, and health professionals from disciplines outside of physical therapy. Student class officers will occupy seats on the advisory board and will be present during planning meetings thus providing an important perspective and helpful input. In addition to internal Program review, the DPT Professional Advisory Board will deliberate over the current and future direction of the Program as it relates to the stated mission and goals and the future of the profession during Board meetings. Information from each End of Semester Review and the Annual Accreditation Report are shared with the DPT Professional Advisory Board. Minutes from these board meetings will reflect deliberation regarding these topics. Recommendations from the Board will be considered and voted upon by the core DPT faculty during the spring End of Semester Review and agreed upon changes will be implemented as appropriate in accordance with Program, faculty, and University policy and procedures in the next academic year.
Appendix D

DOCTOR OF PHYSICAL THERAPY PROGRAM

Job Delineation

Position: Academic Coordinator of Clinical Education (ACCE)

Reports to: Department Chair, Department Chair of Allied Health and Human Services, Dean of College of Professional Programs

Background:

This comprehensive position description was initially compiled in 1991 based on position descriptions provided by individual Academic Coordinators of Clinical Education (ACCEs) throughout the United States. This current version of the model position description was developed based upon Academic Coordinators/Directors of Clinical Education suggested revisions to the 1999 model position description. The position description represents an aggregate perspective of a broad continuum of activities and responsibilities assumed by ACCE's in physical therapist and physical therapist assistant programs in 2002. This description is meant to serve as a resource and guide and primarily emphasizes roles and responsibilities associated with the management of the clinical education program with the understanding that additional responsibilities are expected of a faculty member related to teaching, service, and scholarship. Expected roles and responsibilities for this individual ultimately lie with the individual academic program and institution. The ACCE will be hired at a 12-month, full-time, non-tenure or tenure track appointment.

Minimum Requirements

- Graduate of an accredited physical therapist professional program
- Earned doctoral degree in physical therapy, education, clinical specialty, or other related fields of study. Academic doctorate is preferred (EdD, PhD) but DPT is acceptable based on teaching experience and the composition of current faculty.
- Licensed or eligible for licensure in PA
- Minimum of 5 years experience as a licensed physical therapist.
- Minimum of 5 years of clinical teaching and/or clinical coordination experience.
- Minimum of 5 years of full-time academic teaching experience.
- Have experience in a variety of areas of teaching and clinical expertise in at least one practice area.
• Have a background in educational theory and methodology, instructional design and experience in teaching in the academic setting.

• Show knowledge of contemporary curricular content for the education of the physical therapist.

• Show competence by demonstrating knowledge, skills, safety and care in the delivery of physical therapy services.

• Show continuing currency in contemporary physical therapy practice, including ongoing clinical involvement or current CEU’s.

• Strong communication, organization, interpersonal, problem-solving, and counseling skills.

• Current knowledge and skill in the use of information and computer technology (e.g., word processing, e-mail, database) or proven ability to learn these skills.

• Able to work with students with special needs based on the Americans with Disabilities Act (ADA).

• Knowledge of legislative, regulatory, legal, and practice issues affecting clinical education, students, and the profession of.

• Able to meet faculty requirements as stated in the Evaluative Criteria for Physical Therapist Education Programs.

• Design and conduct independent and/or collaborative research in clinical education or related areas.

• Member of the American Physical Therapy Association.

• Able to initiate, administer, assess, and document clinical education programs.

• Able to work independently and coordinate work with colleagues and peers.

• Able to travel, as needed.

Preferred Requirements

Possess all minimum requirements, with the addition of:

• Prior teaching experiences in a physical therapist academic program and/or administrative experience in clinical practice.

• Knowledge of educational, management, and adult learning theory and principles.

• Active in clinical practice, especially as applicable to clinical education.

• Active in professional activities at local, state, and/or national levels.

• Earned status as an APTA Credentialed Clinical Instructor.

ACCE Position Description

The ACCE/DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. This individual demonstrates competence in clinical education, teaching, and curriculum
development. In addition, the ACCE/DCE primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

- developing, monitoring, and refining the clinical education component of the curriculum,
- facilitating quality learning experiences for students during clinical education,
- evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,
- educating students, clinical and academic faculty about clinical education,
- selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice,
- maximizing available resources for the clinical education program,
- providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc), and
- actively engaging core faculty clinical education planning, implementation, and assessment.

The ACCE/DCE serves as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities. The ACCE/DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.

ACCE Position Responsibilities

The ACCE/DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT and PTA students by performing the following activities:

I. Communicates Between the Academic Institution and Affiliated Clinical Education Sites

A. Communicates news, and current information (eg, curriculum, clinical education objectives, staffing changes, and site availability) among all concerned stakeholders (eg, the academic institution, clinical education sites, clinical faculty and students) to maintain current knowledge of the educational program, the clinical education site, and health care changes affecting clinical practice and education.

B. Provides ongoing communication with clinical educators at each clinical education site to include:

- philosophy of the academic program;
- academic program curriculum and specific syllabus and learning objectives for each clinical experience and behavioral expectations that may not be addressed by learning objectives;
- policy and procedures of the academic program pertaining to clinical education;
- current materials required for accreditation;
clinical education contractual agreement negotiated and maintained between the academic program and each clinical education site;

dissemination of appropriate student and related information (e.g., health insurance, liability/malpractice insurance, state/federal laws and regulations such as ADA);

collection of information about clinical education sites for use by students in their selection of or assignment to clinical education sites;

provision of dates for each clinical education experience;

academic program requests from clinical education sites regarding the number and type of available student clinical placements;

coordinating student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences);

clinical faculty development opportunities including educational seminars and faculty availability as a resource in their areas of expertise, and;

maintenance and distribution of a clinical education manual.

status of student compliance with required clearances required for clinical affiliations

C. Communicates and oversees communication with Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs), and students to monitor progress and assess student performance. Provides guidance and support as required to problem solve and discuss pertinent issues with student(s), CIs, and/or CCCEs.

D. Places, supervises, and communicates with students while on clinical experiences. Responsibilities associated with these roles include, but are not limited to:

informing students of clinical education policies and procedures;

supplying relevant clinical education site information to facilitate students' selection of or assignment to clinical education sites (e.g., learning experiences, clinical site prerequisites, housing availability);

providing a process for students to assess their performance and satisfaction;

preparing clinical rotation assignment schedules and coordinating information dissemination to clinical education sites;

assisting with educational planning, behavior/performance modification, remedial education, referral to student support agencies (financial aid counseling as required), and;

arranging for periodic and or impromptu visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs, and/or CCCEs.

E. Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides
feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.

II. Clinical Education Program Planning, Implementation, and Assessment

A. Performs academic responsibilities consistent with the Commission on Accreditation in Physical Therapy Education (CAPTE), and with institutional policy.

- Coordinates and teaches clinical education courses and other related course content based on areas of content and clinical expertise.
- Directs effort and attention to teaching and learning processes used throughout the curriculum (eg, management and education theory, adult learning).
- Monitors and documents the academic performance of students to ensure that they successfully achieve the criteria for completing clinical learning experiences.
- Prior to each clinical experience, communicates with students, supervises the process of student compliance, and verifies that all requirements have been met by all students for every clinical experience.
- Reviews and records student evaluations from CIs and determines the final grade for all clinical education courses in the curriculum.
- Utilizes intervention strategies with CIs, CCCEs, and students who excel or demonstrate difficulties while on clinical education experiences or require learning strategies where a disabling or learning condition is present.
- Develops remedial experiences for students, if necessary. Confers with the appropriate faculty (clinical and academic), the Department Chair, Dean, Administration and other individuals (eg, counseling staff) where applicable.
- Provides direct input into curriculum design, review, and revision processes by:
  - Collecting and organizing pertinent information from clinical education sites and students and disseminating this information to faculty during curricular review processes in a timely manner.
  - Preparing reports and/or engaging in discussions with faculty on student progress in clinical education.
  - Keeping faculty informed about the clinical education program, pertinent policies and procedures, and changes influenced by accreditation.
- Coordinates and/or provides leadership for a Clinical Education or Program Advisory Committee consisting of area clinical educators, employers, or other persons, where feasible.
- Participates in academic program meetings, institutional governance, and/or community service activities as appropriate to the mission of the academic institution.
- Develops and implements a plan for self-development that includes the participation in and enhancement of teaching, delivery of physical therapy services, and development of scholarly activities (eg, scholarship of teaching, application, integration and discovery). (Refer to CAPTE Position Paper on Scholarship Expectations [PT Criterion 2.2.4.2], December 2000)
- Functions as a faculty member in other job responsibilities as delegated by the Department Chair/Chair or as required by the academic institution, Dean or other Administrator.

- Monitors the changing health care delivery system and advises the Department Chair and faculty of changing trends and potential impact on student enrollment, instruction, curriculum design, clinical education, and equipment needs.

- Develops and administers information and education technology systems which support clinical education and the curriculum.

- Participates in regional, state, and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education (e.g., Clinical Education Consortia, Clinical Education Special Interest Group (SIG) of the Section for Education, Chapter Clinical Education SIGs, and APTA Education Division activities).

B. Manages administrative responsibilities consistent with CAPTE, federal/state regulations, institutional policy, and practice setting requirements.

- Administers a system for the academic program's clinical education records which include:
  - current database of clinical education sites;
  - current information on clinical education site and clinical faculty;
  - status of negotiated clinical education agreement between the academic program and clinical education site;
  - utilization of clinical education sites;
  - reports on the performance of students in clinical education, and
  - reports on clinical site/faculty performance in clinical education.

- Acts as an intermediary among the appropriate parties to:
  - facilitate the acquisition of clinical education agreements;
  - administer policies and procedures for immunization, preventive health care practices, and for management of student injury while at clinical sites, and
  - ensure liability protection of students (and faculty if required) inclusive of professional, governmental, institutional, and current risk management principles.

- Assists the Department Chair in the development of a program budget by providing input on items related to the clinical education program and overall program budget.

- Manages fiscal allocations budgeted for clinical education.

- Develops, implements, and monitors adherence to policy and procedures for the clinical education component of the curriculum.

- Develops, administers, and monitors the academic program's evaluation process for the clinical education component, including instruments used for evaluation of student performance, clinical education sites and faculty.
- Participates in the preparation of accreditation documentation and outcome performance assessment of students in the physical therapy program.

III. Clinical Site Development

A. Develops criteria and procedures for clinical site selection, utilization, and assessment (e.g., APTA Guidelines for Clinical Education).

B. Establishes, develops, and maintains an adequate number of clinical education sites relative to quality, quantity and diversity of learning experiences (i.e., continuum of care, commonly seen diagnoses, across the lifespan, health care delivery systems, payers, cultural competence issues) to meet the educational needs of students and the academic program, the philosophy and outcomes of the program, and evaluative criteria set by CAPTE.

C. Provides clinical education site development opportunities through ongoing evaluation and assessment of strengths and areas needing further development or action (e.g., in-service training, discontinue student placements).

IV. Clinical Faculty Development

A. Collaborates with clinical faculty to promote, coordinate, plan, and provide clinical faculty development opportunities using effective instructional methodologies and technologies.

B. Encourages clinical faculty to participate in local, statewide, and national forums designed to foster and discuss issues addressing clinical education.

C. Maintains knowledge of current trends in health care and its affect on clinical education and apprises clinical educators and faculty of any changing trends.

D. Mentors other academic faculty about their role and responsibilities related to clinical education (e.g., clinical site visits, determining readiness for the clinic).

Sources:
- Alvernia University Faculty Handbook, June 2012
Doctor of Physical Therapy Program

DPT Faculty Evaluation Form

Faculty Name: _____________________________________ Position: __________________

Specialist Certification(s): __________________________________________________________

Professional Association Membership(s):________________________________________________

Recent continuing education/clinical experiences that enhance your teaching (content, delivery):
____________________________________________________________________________________
____________________________________________________________________________________

Goals for Next Academic Year:

I. Teaching
   A. Teaching Philosophy:

   B. Teaching Self-Assessment:
1. Demonstrates understanding of the philosophy, policies, goals and objectives of the program.

   Strongly Disagree(1)  Disagree(2)  Neutral(3)  Agree(4)  Strongly Agree(5)

   a. Comments/Rationale:

   b. Supporting Evidence:

2. Demonstrates expertise and remains current in course content as judged by specific knowledge of the content area and in student interaction.

   Strongly Disagree(1)  Disagree(2)  Neutral(3)  Agree(4)  Strongly Agree(5)

   a. Comments/Rationale:

   b. Supporting Evidence:

3. Effectively manages the administrative elements of teaching.

   Strongly Disagree(1)  Disagree(2)  Neutral(3)  Agree(4)  Strongly Agree(5)

   a. Comments/Rationale:

   b. Supporting Evidence:
4. Demonstrates ability and creativity in designing and developing instructional material to fulfill the course objectives.

Strongly Disagree (1)  Disagree (2)  Neutral (3)  Agree (4)  Strongly Agree (5)

a. Comments/Rationale:

b. Supporting Evidence:

5. Delivers course material skillfully and coherently.

Strongly Disagree (1)  Disagree (2)  Neutral (3)  Agree (4)  Strongly Agree (5)

a. Comments/Rationale:

b. Supporting Evidence:

6. Advise students effectively in academic areas.

Strongly Disagree (1)  Disagree (2)  Neutral (3)  Agree (4)  Strongly Agree (5)

a. Comments/Rationale:

b. Supporting Evidence:
7. Demonstrates an ability to structure a course with an understanding of its place in the overall curriculum.

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<thead>
<tr>
<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
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a. Comments/Rationale:

b. Supporting Evidence:

8. Presents self as a model for students to guide their professional development.

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<tr>
<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
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a. Comments/Rationale:

b. Supporting Evidence:

9. Be judged as a highly effective classroom instructor.

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<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
</tr>
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a. Comments/Rationale:

b. Supporting Evidence:
SUMMARY OF TEACHING EFFECTIVENESS:

OVERALL RATING:

Unsatisfactory: <4 SA/A, 1 SD
Satisfactory: 4 SA/A, 0 SD
High Standard: 5-7 SA/A
Excellent: >7 SA or A

II. Scholarship:

A. Scholarship Agenda:

B. Scholarship of Clinical Practice - Self-Assessment:

1. Participation in scholarly activities related to clinical practice
   Needs Improvement_____Satisfactory_____High Standard_____Excellent_____NA_____

2. Integration of scholarly pursuits in area of content expertise into teaching or clinical practice
   Needs Improvement_____Satisfactory_____High Standard_____Excellent_____NA_____
3. Achieving a clinical specialization.  
   Needs Improvement____ Satisfactory____ High  
   Standard____ Excellent_____ NA_____  

4. Acquiring additional clinical expertise.  
   Needs Improvement____ Satisfactory____ High  
   Standard____ Excellent_____ NA_____  

5. Engaging in clinical practice/maintains a clinical agenda in area of content expertise.  
   Needs Improvement____ Satisfactory____ High  
   Standard____ Excellent_____ NA_____  

C. Scholarship of Critical Inquiry - Self-Assessment:  

1. Maintains a research agenda.  
   Needs Improvement____ Satisfactory____ High  
   Standard____ Excellent_____ NA_____  

2. Engages in independent or collaborative research with students, Alvernia University faculty, and/or other professionals.  
   Needs Improvement____ Satisfactory____ High  
   Standard____ Excellent_____ NA_____  

3. Follows a reasonable timeline of research events and makes appropriate amendments.  
   Needs Improvement____ Satisfactory____ High  
   Standard____ Excellent_____ NA_____  

4. Serves as a reviewer for manuscripts, journals, and/or symposia.  
   Needs Improvement____ Satisfactory____ High  
   Standard____ Excellent_____ NA_____
5. **Presents scholarly works at local, state, regional and/or national meetings (refereed)**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____

6. **Presents scholarly works at local, state, regional and/or national meetings (invited)**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____

7. **Publishes in refereed sources**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____

8. **Publishes in non-refereed sources**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____

9. **Publishes abstracts and/or reviews (refereed)**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____

10. **Publishes abstracts and/or reviews (non-refereed)**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____

11. **Publishes book chapters or text (refereed)**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____

12. **Publishes book chapters or texts (non-refereed)**

   Needs Improvement_____Satisfactory_____High

   Standard_____Excellent_____NA_____
13. Publishes electronic media
   Needs Improvement_____Satisfactory_____High
   Standard_____Excellent_____NA_____

14. Maintains or publishes web-based resources or databases in content area of expertise
   Needs Improvement_____Satisfactory_____High
   Standard_____Excellent_____NA_____

15. Serves as editor of a newsletter, journal, book, or text
   Needs Improvement_____Satisfactory_____High
   Standard_____Excellent_____NA_____

16. Organizes workshops, symposia, or other professional events
   Needs Improvement_____Satisfactory_____High
   Standard_____Excellent_____NA_____

17. Obtains grant funding (internal and/or external)
   Needs Improvement_____Satisfactory_____High
   Standard_____Excellent_____NA_____

SCHOLARSHIP SUMMARY:

OVERALL RATING:

Unsatisfactory       Satisfactory       High Standard       Excellent

III. SERVICE
A. **Academic Citizenship:**

1. Understands and supports the philosophy, policies, goals and objectives of the program.

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<thead>
<tr>
<th>Strongly Disagree</th>
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   a. Comments/Rationale:

   b. Supporting Evidence:

2. Contributes to the establishment and accomplishment of program goals through participation in faculty activities, innovation, and planning and organizing for maximal personal productivity.

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   a. Comments/Rationale:

   b. Supporting Evidence:

3. Demonstrates professional conduct by utilizing judgment and perspective in identifying and solving problems.

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   a. Comments/Rationale:

   b. Supporting Evidence:

4. Demonstrating responsibility and dependability in work commitments.
5. Demonstrating working knowledge of program policies and working in accordance with program goals and objectives.

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7. Being accountable for his/her own professional and ethical behavior. (re: Standards of Practice, Honor in Science, AAUP Red Book)

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<td>b. Supporting Evidence:</td>
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</table>
8. Acting as a role model.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

a. Comments/Rationale:

b. Supporting Evidence:

9. Demonstrates fiscal responsibility in the care of equipment and the appropriate planning and use of departmental resources.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

a. Comments/Rationale:

b. Supporting Evidence:

10. Communicates effectively by channeling suggestions and criticism to appropriate persons; informing appropriate persons of unusual or difficult problems; and maintaining and promoting confidentiality.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

a. Comments/Rationale:

b. Supporting Evidence:
11. Demonstrating skill in interpersonal relations by being receptive and open minded; working effectively with others; contributing to an atmosphere of mutual trust; and understanding the effects of communication on others.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

a. Comments/Rationale:

b. Supporting Evidence:

12. Demonstrating leadership roles and guides others in accomplishing program goals.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
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</table>

a. Comments/Rationale:

b. Supporting Evidence:

B. Service to the Community, Profession, Program, College, University:

1. Serves as an Officer of committees (elected). Yes _____ No _____

Supporting Evidence:

2. Serves as an Officer of committees (appointed). Yes _____ No _____

Supporting Evidence:

3. Serves as a member of committees (elected). Yes _____ No _____

Supporting Evidence:
4. Serves as a member of committees (appointed). Yes _____  No _____
   Supporting Evidence:

5. Recruits and advises current students and potential students (includes participation in
   Alvernia Days, DPT Information Sessions, and Pre-orientation days). Yes _____  No _____
   Supporting Evidence:

6. Provides professional consultation. Yes _____  No _____
   Supporting Evidence:

7. Maintains membership in professional associations (ie. APTA). Yes _____  No _____
   Supporting Evidence:

8. Serves in leadership roles in professional organizations. Yes _____  No _____
   Supporting Evidence:

9. Participates in community service activities. Yes _____  No _____
   Supporting Evidence:

SERVICE SUMMARY:
OVERALL RATING:

Unsatisfactory    Satisfactory    High Standard    Excellent

IV. ADDITIONAL RESPONSIBILITIES:

A. Identify any/all additional positions or responsibilities for which you have been hired:

B. Evaluate your performance in fulfilling these tasks and provide rationale and evidence which supports your evaluation:
Doctor of Physical Therapy Program

DPT Associate Faculty Evaluation Form

Faculty Name: ________________________________  Position: ______________________________

Course(s) Taught: ____________________________ Semester/Year: ______________

Specialist Certification(s): __________________________________________________________

Professional Association Membership(s):______________________________________________

Goals for Next Academic Year:

V. Teaching

C. Teaching Philosophy:

D. Teaching Self-Assessment:

10. Demonstrates understanding of the philosophy, policies, goals and objectives of the program.
11. Demonstrates expertise and remains current in course content as judged by specific knowledge of the content area and in student interaction.

<table>
<thead>
<tr>
<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
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</table>

c. Comments/Rationale:

d. Supporting Evidence:

12. Effectively manages the administrative elements of teaching.

<table>
<thead>
<tr>
<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

c. Comments/Rationale:

d. Supporting Evidence:
13. Demonstrates ability and creativity in designing and developing instructional material to fulfill the course objectives.

<table>
<thead>
<tr>
<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
</tr>
</thead>
</table>

c. Comments/Rationale:

d. Supporting Evidence:

14. Delivers course material skillfully and coherently.

<table>
<thead>
<tr>
<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
</tr>
</thead>
</table>

c. Comments/Rationale:

d. Supporting Evidence:

15. Advise students effectively in academic areas.

<table>
<thead>
<tr>
<th>Strongly Disagree(1)</th>
<th>Disagree(2)</th>
<th>Neutral(3)</th>
<th>Agree(4)</th>
<th>Strongly Agree(5)</th>
</tr>
</thead>
</table>

c. Comments/Rationale:

d. Supporting Evidence:
16. Demonstrates an ability to structure a course with an understanding of its place in the overall curriculum.

<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neutral (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
</table>

c. Comments/Rationale:

d. Supporting Evidence:

17. Presents self as a model for students to guide their professional development.

<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neutral (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
</table>

c. Comments/Rationale:

d. Supporting Evidence:

18. Be judged as a highly effective classroom instructor.

<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neutral (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
</table>

c. Comments/Rationale:

d. Supporting Evidence:
SUMMARY OF TEACHING EFFECTIVENESS:

OVERALL RATING:

Unsatisfactory: <4 SA/A, 1 SD
Satisfactory: 4 SA/A, 0 SD
High Standard: 5-7 SA/A
Excellent: >7 SA or A

___________________________________ ___________
Faculty Signature                                             Date

_______________________________________ ___________
Reviewer Signature                                           Date
Policy Evaluation Form

Policy Name: ___________________________________________________________

Location of Policy in P&P Manual: ________________________________________

After review, the Policy in question is: _____ Sufficient _____ Deficient

In which of the following areas is the Policy deficient:

_____ Congruence with University and Program Mission

_____ Congruence with Program Goals

_____ Congruence with professional best practice guidelines

_____ Congruence with Program practices

_____ Congruence with Program needs

Identify the specific areas in which this policy is deficient:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Recommendation:

_____ Delete the Policy       _____ Revise the Policy

List specific revisions that should be made to the policy:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Person completing this report   Date
1. Briefly describe how this course supports the Mission and Curricular Philosophy of the Alvernia University DPT Program (ie. learner-directed, performance-based, community-conscious, doctorally-trained).

   Click here to enter text.

2. Briefly describe how the learning experiences within this course align with contemporary Physical Therapy practice and the dynamic nature of the healthcare delivery system (ie. In what specific ways does this course prepare students for the ever-changing nature of the profession and healthcare system?). Reference any contemporary documents that you used to inform your course content.

   Click here to enter text.

3. Identify which specific Program, Faculty, and Graduate/Student Goals are being specifically expressed in this course and provide examples.

   **P-1. Provide an innovative and visionary curriculum that includes interprofessional learning, responds to the needs of the profession, fosters new educational models and delivery methods, and adjusts to the changing manner in which students learn.**

   Click here to enter text.

   **P-2. Promote the profession through research that emphasizes the translation of evidence into clinical practice, explores new models of research, and leads to innovative strategies related to movement and function.**

   Click here to enter text.

   **P-3. Collaborate with local clinicians, other health care providers, consumers, and community organizations in pursuing patient-centered initiatives that address the health-related challenges that society faces.**
F-1. Demonstrate expertise in the clinical practice of Physical Therapy with advanced knowledge and skill in accordance with best practice guidelines and informed by the current best evidence.

F-2. Embody the principles and practices of effective teaching by fostering an environment conducive to authentic learning and serve as a role model and resource for students, graduates, and colleagues.

F-3. Demonstrate a commitment to serve the Program, University, profession, and local/global community through collaboration and leadership.

F-4. Advance an agenda of scholarly activity, pursue professional advancement, and engage in lifelong learning that is designed to contribute to the profession of Physical Therapy.

G-1. Demonstrate entry-level competence in the examination, evaluation, diagnosis, prognosis, and intervention of the movement system across the lifespan by providing services that are safe, effective, and patient-centered within all available practice settings.

G-2. Embrace best practice standards through the implementation and perpetuation of evidence-based principles, which include the integration of best available research, clinical expertise, and patient-centered values and goals.

G-3. Collaborate with other health care providers, consumers, and community organizations to address the health-related challenges that society faces as autonomous Doctors of Physical Therapy, who are characterized by independent thinking, self-determination, altruistic service, and who embody the highest standards of ethical and moral practice.

G-4. Engage in the persistent, lifelong acquisition of authentic knowledge and skill to advance the art and science of Physical Therapy and its role in the delivery of health care and health promotion.

4. Briefly describe the primary objective of this course in the context of the overall curriculum. What is the primary student learning objective that you hoped to accomplish in this course and how did you determine whether or not this objective was achieved?

5. Provide a description of what aspects of this course went particularly well. Provide specific examples of learning activities, assessment methods, teaching methods, etc.
6. Provide a description of what aspects of this course requires further development and improvement. Provide specific examples of learning activities, assessment methods, teaching methods, etc.

7. Did the physical space, equipment, and faculty resources meet the objectives of the course? If not, what additional resources are needed?

8. What substantive changes do you plan to make at this time? Describe how these changes may impact the rest of the curriculum.

9. Did this course include learning experiences or assignments that used web-enhanced technology? Please describe.

10. List all core/associate faculty who were involved in teaching this course. Evaluate the performance of each of these faculty members. Describe areas in which each faculty member performed well and areas in which improvement is recommended. Please include name, credentials/specialization, total hours, area of content, and identify sources of contemporary expertise specifically related to assigned responsibilities. Please also include student feedback under #11 below if applicable.

11. Please list the percentage of students passing each written exam. Please also list the percentage of students passing each practical exam on the: 1. First attempt, 2. Aggregate. If deemed necessary, please identify your plans for addressing this situation.

<table>
<thead>
<tr>
<th>Written Exam/Assignment</th>
<th>Percentage Passed Aggregate</th>
<th>Min Score</th>
<th>Max Score</th>
<th>Class Avg.</th>
<th>Students &lt;75%</th>
<th>Plan</th>
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</table>
Practical Exam | Percentage Passed (1st Attempt) | Percentage Passed Aggregate | Min Score | Max Score | Class Avg. | Students <75% | Plan
---|---|---|---|---|---|---|---
--- | --- | --- | --- | --- | --- | --- | ---
--- | --- | --- | --- | --- | --- | --- | ---
--- | --- | --- | --- | --- | --- | --- | ---
--- | --- | --- | --- | --- | --- | --- | ---
--- | --- | --- | --- | --- | --- | --- | ---

12. Please provide data regarding student feedback and a plan for resolution regarding any areas of deficiency (<4.0). Please include student feedback data for any faculty member (core or associate) for which student feedback is available.

*Click here to enter text.*

**Primary Instructor Feedback**

<table>
<thead>
<tr>
<th>Student Feedback Criteria</th>
<th>Avg. Score</th>
<th>Plan for Resolution (if &lt;4.0)</th>
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</thead>
<tbody>
<tr>
<td>1. The instructor came to class well prepared</td>
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<tr>
<td>2. The instructor presents class objectives and instructional material clearly</td>
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<tr>
<td>3. The instructor uses tests and assignments that are relevant to the course subjects</td>
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<tr>
<td>4. The instructor gives me the freedom to ask questions or express ideas</td>
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<tr>
<td>5. The instructor increases my critical thinking/problem-solving skills</td>
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<tr>
<td>6. The instructor encourages my learning through his/her interest in this course</td>
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<td></td>
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<tr>
<td>7. The instructor challenges me by presenting new viewpoints, appreciations, and/or perspectives</td>
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<td></td>
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<tr>
<td>8. The instructor is available for questions and additional assistance</td>
<td></td>
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<tr>
<td>9. The main reason I am taking this course is that it fulfills a (Req, Elect, Core, Free)</td>
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</table>
**Associate Faculty Feedback**

<table>
<thead>
<tr>
<th>Student Feedback Criteria</th>
<th>Avg. Score</th>
<th>Plan for Resolution (if &lt;4.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. The instructor came to class well prepared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. The instructor presents class objectives and instructional material clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The instructor uses tests and assignments that are relevant to the course subjects</td>
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<td>13. The instructor gives me the freedom to ask questions or express ideas</td>
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<td></td>
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<tr>
<td>14. The instructor increases my critical thinking/problem-solving skills</td>
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<td></td>
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<td>15. The instructor encourages my learning through his/her interest in this course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. The instructor challenges me by presenting new viewpoints, appreciations, and/or perspectives</td>
<td></td>
<td></td>
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<tr>
<td>17. The instructor is available for questions and additional assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The main reason I am taking this course is that it fulfills a (Req, Elect, Core, Free) requirement</td>
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</tbody>
</table>

13. Review the overall course schedule and structure of the course as presented in the course syllabus. *(copy and paste schedule from course syllabus here)*.  
*Click here to enter text.*
Appendix H

ALVERNIA UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM

DPT Student Exit Survey

Name: ______________________________________________ Graduation Year: _________
Address: ___________________________________________ Email: __________________
Phone (Home): ___________________ (Work): ______________ (Cell): ______________

Instructions: Please rate your overall learning experience within the DPT Program at Alvernia University by thoughtfully considering each of the following criteria. Please provide responses to the following statements/questions. Please also provide additional comments to help clarify your responses. Please be prepared to discuss your answers during your exit interview with a DPT faculty member with date and time TBD.

<table>
<thead>
<tr>
<th>1. My educational experience in the DPT Program at Alvernia University helped me to understand the role of the Physical Therapist in today’s healthcare environment and encouraged me to develop collaborative relationships with healthcare professionals. (Goals: P-1, P-2, P-3, G-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ 5 – Strongly Agree ____ 4 – Agree ____ 3 – Neutral ____ 2 – Disagree ____ 1 – Strongly Disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. My educational experience in the DPT Program at Alvernia University was effective at connecting learning experiences with actual clinical care and has prepared me well for clinical practice. (Goals: P-1, F-1, F-2, G-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ 5 – Strongly Agree ____ 4 – Agree ____ 3 – Neutral ____ 2 – Disagree ____ 1 – Strongly Disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. My educational experience in the DPT Program at Alvernia University prepared me for entry-level clinical practice as a Physical Therapist in any practice setting. (Goals: P-2, G-1, G-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ 5 – Strongly Agree ____ 4 – Agree ____ 3 – Neutral ____ 2 – Disagree ____ 1 – Strongly Disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. My educational experience in the DPT Program at Alvernia University has prepared me to become a lifelong learner and has encouraged me to pursue new knowledge through continuing education and research. (Goals: P-2, F-4, G-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ 5 – Strongly Agree ____ 4 – Agree ____ 3 – Neutral ____ 2 – Disagree ____ 1 – Strongly Disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. My educational experience in the DPT Program at Alvernia University has prepared me to engage in evidence-based practice. (Goals: P-2, F-1, G-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ 5 – Strongly Agree ____ 4 – Agree ____ 3 – Neutral ____ 2 – Disagree ____ 1 – Strongly Disagree</td>
</tr>
</tbody>
</table>
6. My educational experience in the DPT Program at Alvernia University has encouraged me to maintain an active role in professional associations and to pursue professional autonomy. (Goals: P-2, F-3, F-4, G-3)  
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

7. My educational experience in the DPT Program at Alvernia University has provided me with the resources needed to be culturally competent and respect the rights and dignity of others. (Goal: G-3)  
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

8. My educational experience in the DPT Program at Alvernia University has provided me with the resources needed to communicate effectively with patients and families. (Goals: F-2, F-3, G-1, G-3)  
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

9. Briefly describe the aspects of the DPT Program at Alvernia University that you believe will have the greatest impact on your career in Physical Therapy.  
  __________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

10. Briefly describe the aspects of the DPT Program at Alvernia University that you believe needs further development.  
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

11. In the future, which of the following areas would you like to become involved within the Alvernia DPT Program?  
   ___ clinical instructor  ___ lab assistant  ___ guest speaker  ___ admissions application reviewer  
   ___ student research advisor  ___ full-time faculty member  ___ pro bono clinic supervisor  ___ other  
   *If interested in becoming involved with the Alvernia University DPT Program, please attach your CV/resume*

Please provide any additional comments.  
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

Please provide additional comments including ways in which the Alvernia DPT Program may become a better resource for you and may better serve the local community.  
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
ALVERNIA UNIVERSITY STUDENT FEEDBACK FORM

Rating Scale
5 - Consistently
4 - Often
3 - Sometimes
2 - Rarely
1 – Never

Statements

Student:
1. I came to class well prepared.
2. I took responsibility for my own learning.
3. I completed all course requirements in a timely fashion.

Course:
4. The course requirements were relevant to course objectives.
5. The course promoted critical thinking.
6. The course increased my understanding of this subject.

Instructor:
7. The instructor presented instructional material clearly.
8. The instructor fostered an environment conducive to learning.
9. The instructor was available for questions and additional assistance.

Institution:
10. The classroom environment (physical and/or online) was conducive to learning. Please explain.
11. Resources were available to support learning (ie. technology, bookstore, library, laboratory, equipment, supplies, etc.)
What did you like the most about this course?
Do you have any suggestions for improvement?
Appendix J

ALVERNIA UNIVERSITY

DOCTOR OF PHYSICAL THERAPY PROGRAM

DPT Graduate Survey

Name: ____________________________________________ Graduation Year: _________
Address: ____________________________________________ Email: ________________
Phone (Home): ____________________ (Work): __________________ (Cell): ______________

Instructions: As you reflect back upon your time within the DPT Program at Alvernia University, please thoughtfully consider each of the following criteria and provide responses to the following statements/questions. Please also provide additional comments to help clarify your responses.

1. My educational experience in the DPT Program at Alvernia University helped me to understand the role of the Physical Therapist in today’s healthcare environment and encouraged me to develop collaborative relationships with healthcare professionals. (Goals: P-1, P-2, P-3, G-3)
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

2. My educational experience in the DPT Program at Alvernia University was effective at connecting learning experiences with actual clinical care and has prepared me well for clinical practice. (Goals: P-1, F-1,F-2, G-1)
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

3. My educational experience in the DPT Program at Alvernia University prepared me for entry-level clinical practice as a Physical Therapist in any practice setting. (Goals: P-2, G-1,G-2)
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

4. My educational experience in the DPT Program at Alvernia University has prepared me to become a lifelong learner and has encouraged me to pursue new knowledge through continuing education and research. (Goals: P-2, F-4, G-4)
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

5. My educational experience in the DPT Program at Alvernia University has prepared me to engage in evidence-based practice. (Goals: P-2, F-1, G-2)
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree
6. My educational experience in the DPT Program at Alvernia University has encouraged me to maintain an active role in professional associations and to pursue professional autonomy. (Goals: P-2, F-3, F-4, G-3)

   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

7. My educational experience in the DPT Program at Alvernia University has provided me with the resources needed to be culturally competent and respect the rights and dignity of others. (Goal: G-3)

   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

8. My educational experience in the DPT Program at Alvernia University has provided me with the resources needed to communicate effectively with patients and families. (Goals: F-2, F-3, G-1, G-3)

   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

9. Briefly describe the aspects of the DPT Program at Alvernia University that you believe will have the greatest impact on your career in Physical Therapy.

   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ________  _____________________________________________________________________________________

10. Briefly describe the aspects of the DPT Program at Alvernia University that you believe needs further development.

    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________

EMPLOYMENT:

11. When did you get your first job offer as a physical therapist? How long after graduation?
    Please describe:
    ____________________________________________________________________________________________

12. Have you been employed continuously since graduation? ____ YES   ____ NO

13. Which of the following best describes your current employment?  ____ acute care hospital  ____ transitional care  ____ rehabilitation hospital  ____ skilled nursing facility  ____ school-based  ____ private practice  ____ outpatient  ____ research institution  ____ academic institution  ____ home health care
<table>
<thead>
<tr>
<th>PROFESSIONAL ACTIVITIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Are you a member of the APTA? ____ YES ____ NO</td>
</tr>
<tr>
<td>15. Have you served on an APTA committee at the district, chapter, or national level since graduation? ____ YES ____ NO  Please describe:</td>
</tr>
<tr>
<td>16. Have you been involved in other professional associations since graduation? ____ YES ____ NO  Please describe:</td>
</tr>
<tr>
<td>17. Have you been involved in community service since graduation? (ie. church or civic organizations) ____ YES ____ NO  Please describe:</td>
</tr>
<tr>
<td>18. Have you provided pro bono physical therapy services since graduation? ____ YES ____ NO  Please describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION, SPECIALIZATION, and RESEARCH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Have you attended a continuing education seminar/workshop since graduation? ____ YES ____ NO  How many? ____ Please describe:</td>
</tr>
<tr>
<td>20. Have you achieved board certification through the ABPTS? (ie. OCS, GCS, NCS, etc.) ____ YES ____ NO  What year/specialty?</td>
</tr>
<tr>
<td>21. Have you achieved specialized certification through another organization? (ie. ATC, NDT, CSCS, etc.) ____ YES ____ NO  Please describe:</td>
</tr>
<tr>
<td>22. Have you engaged in peer-reviewed presentation or publication since graduation? (ie. approved by editorial board) ____ YES ____ NO  Please describe:</td>
</tr>
<tr>
<td>23. Have you engaged in non-peer-reviewed presentation or publication since graduation? (ie. invited speaker, published editorial, etc.) ____ YES ____ NO  Please describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALVERNIA DPT PROGRAM PARTICIPATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Have you been involved in some capacity with the Alvernia DPT Program since graduation? ____ YES ____ NO  Please describe:</td>
</tr>
<tr>
<td>25. In which of the following areas would you like to become involved within the Alvernia DPT Program? clinical instructor lab assistant guest speaker admissions application reviewer student research advisor full-time faculty member pro bono clinic supervisor other</td>
</tr>
</tbody>
</table>

*If interested in becoming involved with the Alvernia University DPT Program, please attach your CV/resume*

Please provide any additional comments.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
## ALVERNIA UNIVERSITY

### DOCTOR OF PHYSICAL THERAPY PROGRAM

### Employer Survey

Clinic Name: ____________________________________ Type of Facility: ________________

Person completing survey: ______________________________________________________

Address: ____________________________________________________________________

Email: ________________________________ Phone: _________________________________

### Instructions:
Please consider any of your past or present employees who graduated from Alvernia University’s DPT Program and provide responses to the following statements/questions. Please provide additional comments to help clarify your responses.

### 1. Our facility has hired the following number of Alvernia University DPT graduates:

<table>
<thead>
<tr>
<th>Number of Graduates</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td></td>
</tr>
<tr>
<td>6-10</td>
<td></td>
</tr>
<tr>
<td>More than 10</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Our facility has hired the number of Alvernia DPT graduates noted above primarily because:

<table>
<thead>
<tr>
<th>Reason for Hiring</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited # of graduates have applied</td>
<td></td>
</tr>
<tr>
<td>Our facility was not hiring</td>
<td></td>
</tr>
<tr>
<td>I have been pleased with Alvernia DPT graduates as employees</td>
<td></td>
</tr>
<tr>
<td>I have been pleased with Alvernia DPT students</td>
<td></td>
</tr>
<tr>
<td>I am a graduate of Alvernia’s DPT Program</td>
<td></td>
</tr>
<tr>
<td>I have not been pleased with Alvernia DPT students/graduates</td>
<td></td>
</tr>
</tbody>
</table>

### 3. Alvernia University DPT graduates understand the role of the Physical Therapist in today’s healthcare environment and successfully develop collaborative relationships with other healthcare professionals. (Goals: P-1, P-2, P-3, G-3)

<table>
<thead>
<tr>
<th>Level of Agreement</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Alvernia University DPT graduates are prepared for entry-level clinical practice as a Physical Therapist. (Goals: P-2, G-1,G-2)

<table>
<thead>
<tr>
<th>Level of Agreement</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
</tr>
</tbody>
</table>

### 5. Alvernia University DPT graduates demonstrate the desire to become lifelong learners and engage in scholarly pursuit. (Goals: P-2, F-4, G-4)

<table>
<thead>
<tr>
<th>Level of Agreement</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
</tr>
</tbody>
</table>
6. **Alvernia University DPT graduates** consistently engage in, and demonstrate the importance of, evidence-based practice. (Goals: P-2, F-1, G-2)
   
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

7. **Alvernia University DPT graduates** maintain an active role in professional associations and pursue professional autonomy. (Goals: P-2, F-3, F-4, G-3)
   
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

8. **Alvernia University DPT graduates** demonstrate cultural competence and consistently respect the rights and dignity of others. (Goal: G-3)
   
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

9. **Alvernia University DPT graduates** communicate effectively with patients and families. (Goals: F-2, F-3, G-1, G-3)
   
   ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

10. **Alvernia University DPT graduates** are among the top 10% of all employees in overall performance.
    
    ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

11. **Alvernia University DPT graduates** are among the top 10% of all employees in the specific area of **clinical competence**. (Goals: P-2, G-1,G-2)
    
    ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

12. **Alvernia University DPT graduates** are among the top 10% of all employees in the specific area of **cultural consciousness** (understanding their responsibility to the local community and profession). (Goal: G-3)
    
    ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

13. **Alvernia University DPT graduates** are among the top 10% of all employees in the specific area of **professionalism** (respects the rights of others and understands their role as a doctorally-trained professional). (Goals: P-2, F-3, G-3)
    
    ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree

14. The **Alvernia University DPT Program** is a valuable educational resource for the local Physical Therapy community by providing consultation, continuing education, and advocacy. (Goals: P-3, F-3, G-3)
    
    ____ 5 – Strongly Agree   ____ 4 – Agree   ____ 3 – Neutral   ____ 2 – Disagree   ____ 1 – Strongly Disagree
15. The Alvernia University DPT Program has become a resource for health promotion and education designed to improve the quality of life for individuals of the community. (Goals: P-3, F-3, G-3)

____ 5 – Strongly Agree  ____ 4 – Agree  ____ 3 – Neutral  ____ 2 – Disagree  ____ 1 – Strongly Disagree

16. Briefly describe the aspects of the DPT Program at Alvernia University that you believe are the strongest and most closely resemble contemporary PT practice.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

17. Briefly describe the aspects of the DPT Program at Alvernia University that you believe needs further development.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

18. Have you been involved in some capacity with the Alvernia DPT Program?

____ YES  ____ NO  Please describe: ________________________________

19. In which of the following areas would you like to become involved with the Alvernia DPT Program?

____ clinical instructor  ____ lab assistant  ____ guest speaker  ____ admissions application reviewer

____ student research advisor  ____ full-time faculty member  ____ pro bono clinic supervisor  ____ other

*If interested in becoming involved with the Alvernia University DPT Program, please attach your CV/resume*

Please provide additional comments including ways in which the Alvernia DPT Program may become a better resource for you and may better serve the local community.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Please provide additional comments including ways in which the Alvernia DPT Program may become a better resource for you and may better serve the local community.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
# ALVERNIA UNIVERSITY

## CLASSROOM OBSERVATION FORM

<table>
<thead>
<tr>
<th>Name:</th>
<th>Observer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Course: Topic:</td>
</tr>
</tbody>
</table>

### OBJECTIVE 1: Knowledge of Content

<table>
<thead>
<tr>
<th>Unsatisfactory: Satisfactory: High Standard: Excellent:</th>
</tr>
</thead>
</table>

### OBJECTIVE 2: Content was presented and developed effectively

<table>
<thead>
<tr>
<th>Unsatisfactory: Satisfactory: High Standard: Excellent:</th>
</tr>
</thead>
</table>

### OBJECTIVE 3: A variety of effective teaching strategies was employed

<table>
<thead>
<tr>
<th>Unsatisfactory: Satisfactory: High Standard: Excellent:</th>
</tr>
</thead>
</table>

### OBJECTIVE 4: Communication was clear and organized

<table>
<thead>
<tr>
<th>Unsatisfactory: Satisfactory: High Standard: Excellent:</th>
</tr>
</thead>
</table>

### OBJECTIVE 5: Students were treated with dignity and respect

<table>
<thead>
<tr>
<th>Unsatisfactory: Satisfactory: High Standard: Excellent:</th>
</tr>
</thead>
</table>

### COMMENTS/SUMMARY:

Signature of Observer: ___________________________ Date: ____________

Signature of Faculty Member: _____________________ Date: ____________

Signature of Observer: ___________________________ Date: _____
Graduate program reviews are data-driven, with multiple levels of comparison and should have the following common elements:

1. the collection of data on the graduate program
2. written program self assessment including data on recruitment, admissions, advising, curriculum, student outcomes, and student placements.
3. written assessment by external evaluator.

The primary goal of the program review process is program improvement. A secondary goal is resource allocation. An approved action plan is an outcome of the review.

To facilitate the process, institutional research data may be obtained from sources such as TK20, the Provost’s Office, Office of Institutional Research, Office of Enrollment Management, and the Registrar's Office.

(In items below in italics are taken directly from Characteristics of Excellence in Higher Education: Requirements of Affiliation and Standards for Accreditation, Middle States Commission on Higher Education, 2006.)

Institutional Context

PROGRAM Mission and Goals:
- Mission statement
- Goals/Program outcomes
- History
- Current challenges
- Goals of review
- Program responses to previous reviews
- Recently implemented changes

Program Planning, Resource Allocation, and Institutional Renewal
- Evidence of program planning and assessment to maintain, support and improve program

Institutional Resources related to Program
- Facilities
- Budget/Financial resources
- Library resources
- Equipment (Capital)
- Space
- Support staff
- Technology usage/support
Program Leadership and Governance
- Written policies outlining governance responsibilities of administration and faculty related to the program
- Evidence of student representation/input in decisions that affect them
- Periodic review of program handbooks

Administration of Program
- Administrative leaders with appropriate skills, degrees and training to carry out their responsibilities and functions
- Clear documentation of the lines of organization and authority

Program Integrity
- Evidence of fair and impartial processes, published and widely available, to address student grievances
- Sound ethical practices and respect for individuals through teaching, scholarship/research, service, and administrative practice
- Equitable treatment of all constituencies, as in academic requirements, and policies, student discipline, student evaluation, grievance procedures, and faculty issues
- A academic climate that fosters respect, honesty and truthfulness

Program assessment information is made available to prospective students, including graduation, retention, certification, and licensing pass rates, along with any other program assessment outcomes

Program Institutional Assessment
- A documented, organized and sustained process to evaluate and improve the program
- Evidence that the assessment results are shared and discussed with appropriate constituencies
- Written plan that reflects consideration of assessment results

Program Educational Effectiveness

Student Admissions and Retention
- Admissions data: Recruitment
  (Characteristics of applicant pool, diversity in student applicant pool and population, admissions criteria and procedures, percentage of students on probation, etc.)
- Recognition (includes accreditation, awards, etc.)
- Advice where appropriate regarding financial aid, graduate assistantships, grants, loans, and refunds.
- Ongoing assessment of student success

Student Support Services
- Counseling/health services
• Learning support services
• Advising
• Records of student complaints or grievances
• Distinctions among physical sites or modes of delivery of student services

Program Faculty
• Analysis of full time faculty/adjunct ratio
• Analysis of student to teacher ratio (lecture, lab, clinical, etc.)
• Faculty scholarship
• Faculty resources for scholarship
• Faculty recognition
• Faculty achievements
• Faculty with terminal degrees
• Faculty development
• Faculty stability/turnover
• Faculty strengths relative to program(s) needs

Educational Offerings
• Program guidelines (e.g. grievance procedures, process for selection of faculty mentors and committees, procedure for changing advisors, committee members, written feedback provided to students on academic progress throughout program, written guidelines for defense process, etc.)
• Analysis of student credit hours
• Curriculum: Program outcome data (curriculum, assessment criteria, assessment process, and assessment tools)
• Course syllabi that incorporate expected learning outcomes
• Collaboration among professional library staff, faculty, administrators in fostering information literacy and technology competence.
• Graduate curricula providing for the development of research and independent thinking that studies at the advanced level presuppose
• Assessment of student learning and program outcomes and evidence of the use of assessment results to improve student learning and program effectiveness.
• Faculty with credentials appropriate to the graduate curricula

General Education
• Core curricular offerings
• Relationship to general education programs

Related Educational Activities
• Distance or distributed learning
• Basic skills
• Experiential learning
• Certificate programs
• Non-credit offerings
• Branch campuses
• Additional locations
• Other instructional sites
• Contractual relationships and affiliated providers

Assessment of Student Learning
• Within program assessments, comparative regional or national
• Clearly articulated student learning outcomes
• A documented, organized, sustained assessment process to evaluate student learning using multiple measures.
• Evidence of use of student assessment to improve teaching and learning
• Student achievements (% of students presenting research at conferences, % of students publishing, % of students maintaining membership in professional organizations)
• Students placements/employment
• Students satisfaction surveys/exit data
• Student recognition (honors, awards, grants)
• Specialty accreditation required (if applicable) or accreditation reports (if applicable)

EXTERNAL EVALUATOR'S REPORT/or EXTERNAL ACCREDIATORS REPORT (if applicable)-(See Consultant Guidelines)

ACTION PLAN:
• General summary
• Self-recommendations
• External evaluators recommendation
• University commitment to recommended improvements
## ALVERNIA UNIVERSITY

### Doctor of Physical Therapy Program Assessment and Planning Matrix

<table>
<thead>
<tr>
<th>Required Element</th>
<th>Individual responsible for coordinating this assessment component:</th>
<th>Timeline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions process meet the needs and expectations of the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of Data Collected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions criteria and prerequisites meet the needs and expectations of the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of Data Collected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program enrollment appropriately reflects available resources, program outcomes and workforce needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of Data Collected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collective core faculty meet program and curricular needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of Data Collected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Individual responsible for coordinating this assessment component</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>2B3</td>
<td>Associated faculty meet program and curricular needs.</td>
<td></td>
</tr>
<tr>
<td>2B3</td>
<td>Clinical education faculty meet program and curricular needs.</td>
<td></td>
</tr>
<tr>
<td>2B4</td>
<td>Program resources: financial resources</td>
<td></td>
</tr>
<tr>
<td>2B4</td>
<td>Program resources: staff (administrative/secretarial &amp; technical support)</td>
<td></td>
</tr>
<tr>
<td>2B4</td>
<td>Program resources: space</td>
<td></td>
</tr>
<tr>
<td>2B4</td>
<td>Program resources:</td>
<td></td>
</tr>
<tr>
<td>Equipment, Technology &amp; Materials</td>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td>Summary of Data Collected:</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>2B4</strong> Program resources: library and learning resources</td>
<td>Individual responsible for coordinating this assessment component:</td>
<td>Timeline:</td>
</tr>
<tr>
<td></td>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summary of Data Collected:</td>
<td></td>
</tr>
<tr>
<td><strong>2B4</strong> Program resources: student services (academic, counseling, health, disability, and financial aid services)</td>
<td>Individual responsible for coordinating this assessment component:</td>
<td>Timeline:</td>
</tr>
<tr>
<td></td>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summary of Data Collected:</td>
<td></td>
</tr>
<tr>
<td><strong>2B5</strong> Program policies and procedures, as well as relevant institutional policies and procedures meet program needs</td>
<td>Individual responsible for coordinating this assessment component:</td>
<td>Timeline:</td>
</tr>
<tr>
<td></td>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summary of Data Collected:</td>
<td></td>
</tr>
<tr>
<td><strong>2B5</strong> Analysis of the extent to which program practices adhere to policies and procedures</td>
<td>Individual responsible for coordinating this assessment component:</td>
<td>Timeline:</td>
</tr>
<tr>
<td></td>
<td>Sources of Information &amp;/or Tools Used to Collect Data:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summary of Data Collected:</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix N.ii.

<table>
<thead>
<tr>
<th>Indicator/Goal</th>
<th>Data Source</th>
<th>Data Type (Qualitative or Quantitative)</th>
<th>Are data already available?</th>
<th>From whom will data be collected?</th>
<th>Who will collect data?</th>
<th>Who will analyze/interpret data?</th>
<th>What is the timeframe for data collection?</th>
<th>What are the target and/or threshold criteria?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P-1. Provide an innovative and visionary curriculum that includes interprofessional learning, responds to the needs of the profession, fosters new educational models and delivery methods, and adjusts to the changing manner in which students learn.</strong></td>
<td><strong>O-1:</strong> Pro bono hours log, clinical placements, Clinical Student Information Form (App P-10,1)</td>
<td>Quantitative</td>
<td>No</td>
<td>Students, CI, ACCE, pro bono clinic supervisor</td>
<td>DPT Outcomes Committee</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>Every spring ESR</td>
<td>100% students involved in interprofessional learning</td>
</tr>
<tr>
<td></td>
<td><strong>O-2:</strong> Student Exit Survey/Interview (App P-4,8), course syllabi from didactic and clinical education courses</td>
<td>Quantitative, Qualitative</td>
<td>No</td>
<td>Students, Faculty</td>
<td>DPT Curriculum and Outcomes Committee, Core Faculty</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>Every spring ESR, and prior to graduation starting 2017</td>
<td>75% of students answer SA or A on question #2.3 on Student Exit Survey, 50% of courses include technology</td>
</tr>
<tr>
<td></td>
<td><strong>O-3:</strong> Student Exit Survey/Interview (App P-4,8), NPTE results, CAPTE</td>
<td>Quantitative, Qualitative</td>
<td>No</td>
<td>Students, FSBPT, CAPTE</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>Every spring ESR, and prior to graduation starting 2017</td>
<td>100%/90%/1st time NPTE pass rate, accreditation!</td>
</tr>
</tbody>
</table>
### P-2. Promote the profession through research that emphasizes the translation of evidence into clinical practice, includes new models of research, and explores innovative strategies related to movement and function.

| O-1: | Student Exit Survey/Interview (App P-4,8), Graduate Survey (App P-4,9), Employer Survey (App P-4,10) | Quantitative, Qualitative | No | Students, Graduates, Employers of Program graduates | DPT Outcomes Committee, Core Faculty | DPT Outcomes Committee, Core Faculty | Every spring ESR, and prior to graduation starting 2017, 1 and 5 year intervals for Grad/Employer | 75% of students and graduates answer S or A on quest #4,5 on Student/Graduate Surveys and quest #19-23 on Grad Survey. 

### O-2: Student Exit Survey/Interview (App P-4,8), course syllabi, research project

| Quantitative, Qualitative | No | Students, Faculty | DPT Outcomes Committee, Core Faculty | DPT Outcomes Committee, Core Faculty | 100% students will engage in preparation and dissemination of a collaborative research project with faculty, 75% of students answer S or A on quest #1 on Student Exit Survey.

### P-3. Collaborate with local clinicians, other health care providers, consumers, and community organizations in pursuing patient-centered initiatives that address the health-related challenges that society faces.

| O-1: Pro bono hours log, clinical placements, Clinical Student Information Form (App P-10,1), course syllabi from clinical courses, Student Exit Survey (App P-4,8) | Quantitative, Qualitative | No | Students, ACCE, CI | DPT Outcomes Committee, Core Faculty, ACCE | DPT Outcomes Committee, Core Faculty, ACCE | Every spring ESR | 100% of students will engage in collaborative clinical care, 25% of students will provide pro bono services, 50% of students answer S or A on quest #1 on Student Exit Survey.
<table>
<thead>
<tr>
<th>O-2: Student Exit Survey/Interview (App P-4,8), Clinical Student Information Form (App P-10,1)</th>
<th>Quantitative, Qualitative</th>
<th>No</th>
<th>Students, ACCE, CI</th>
<th>DPT Outcomes Committee, Core Faculty, ACCE</th>
<th>DPT Outcomes Committee, Core Faculty, ACCE</th>
<th>Every spring ESR</th>
</tr>
</thead>
<tbody>
<tr>
<td>F-1. Demonstrate expertise in the clinical practice of Physical Therapy with advanced knowledge and skill in accordance with best practice guidelines and informed by the current best evidence.</td>
<td>O-1: Core and Associated Faculty CV, Faculty Development Plan, Annual Faculty Self-Assessment, Minutes from DPT Faculty Development Committee</td>
<td>Quantitative</td>
<td>Yes</td>
<td>Core Faculty</td>
<td>Core Faculty</td>
<td>DPT Faculty Development Committee, Core Faculty, Department Chair, DPT Outcomes Committee</td>
</tr>
<tr>
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<td>April 15 for following year for Faculty Development Plan, First Friday of spring semester annually for self-assessment</td>
</tr>
<tr>
<td></td>
<td>O-2: Core and Associated Faculty CV, Faculty Development Plan, Annual Faculty Self-Assessment, Minutes from DPT Faculty Development Committee</td>
<td>Quantitative</td>
<td>Yes</td>
<td>Core Faculty</td>
<td>Core Faculty</td>
<td>DPT Faculty Development Committee, Core Faculty, Department Chair, DPT Outcomes Committee</td>
</tr>
<tr>
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<td></td>
<td>April 15 for following year for Faculty Development Plan, First Friday of spring semester annually for self-assessment</td>
</tr>
<tr>
<td></td>
<td>O-3: Core Faculty CV, Faculty Development Plan, PT Faculty Evaluation Form (App F-7,3), Faculty Scholarship Form, Minutes from DPT Faculty Development Committee</td>
<td>Quantitative</td>
<td>Yes</td>
<td>Core Faculty</td>
<td>Core Faculty</td>
<td>DPT Faculty Development Committee, Core Faculty, Department Chair, DPT Outcomes Committee</td>
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<tr>
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<td></td>
<td>April 15 for following year for Faculty Development Plan, First Friday of spring semester annually for DPT Faculty Evaluation Form</td>
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<td></td>
<td>75% of students answer SA or A on quest #6,7,8 on Student Exit Survey, 50% students provide feedback related to patient-centered care on Clinical Student Information Form</td>
</tr>
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<td></td>
<td>50% of core faculty will maintain a scholarly agenda and perform research designed to inform best standards for clinical practice</td>
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<td></td>
<td>25% percent or more of the core and associated faculty will possess, or be in pursuit of a clinical specialization</td>
</tr>
</tbody>
</table>
| | | | | | | 50% or more of core faculty will continue to engage in regular clinical practice.
<table>
<thead>
<tr>
<th>O-1: DPT Faculty Evaluation Form (App F-7,3), Student Feedback Forms (App P-4,3), Classroom Observation Form (App P-4,4), Minutes from DPT Faculty Development Committee</th>
<th>Quantitative, Qualitative</th>
<th>Yes</th>
<th>Core and Associated Faculty, Students, Dep't Chair or DC</th>
<th>DPT Faculty Development Committee, Core Faculty, DC</th>
<th>DPT Faculty Development Committee, Core Faculty, DPT Outcomes Committee</th>
<th>First Friday of spring semester annually for DPT Faculty Evaluation Form, classroom observation every semester/year, student feedback every semester</th>
<th>100% Core faculty achieve an average rating of 4 or above on a scale from 0-5 on student teaching evaluations and favorable ratings upon annual peer and administrative faculty evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-2: DPT Faculty Evaluation Form (App F-7,3), Student Feedback Forms (App P-4,3), Classroom Observation Form (App P-4,4), promotion and/or tenure dossier, Minutes from DPT Faculty Development Committee</td>
<td>Quantitative, Qualitative</td>
<td>Yes</td>
<td>Tenure-Track Core Faculty, Students, Dep't Chair or DC</td>
<td>DPT Faculty Development Committee, Tenure-Track Core Faculty, DC, University Rank and Tenure Committee</td>
<td>University Rank and Tenure Committee, DPT Outcomes Committee</td>
<td>2 or 3 year review. 5 or 6 year dossier review</td>
<td>Tenure-Track Core faculty achievement of promotion and tenure within the University</td>
</tr>
<tr>
<td>O-3: DPT Faculty Evaluation Form (App F-7,3), Student Feedback Forms (App P-4,3), Classroom Observation Form (App P-4,4), Minutes from DPT Faculty Development Committee</td>
<td>Quantitative, Qualitative</td>
<td>Yes</td>
<td>Core and Associated Faculty, Students, Dep't Chair or DC</td>
<td>DPT Faculty Development Committee, Core Faculty, DC</td>
<td>DPT Faculty Development Committee, Core Faculty, DPT Outcomes Committee</td>
<td>First Friday of spring semester annually for DPT Faculty Evaluation Form, classroom observation every semester/year, student feedback every semester</td>
<td>100% Core faculty achieve an average rating of 4 or above on a scale from 0-5 on student teaching evaluations and favorable ratings upon annual peer and administrative faculty evaluations</td>
</tr>
</tbody>
</table>
F-3. Demonstrate a commitment to serve the Program, University, profession, and local/global community through collaboration and leadership.

<table>
<thead>
<tr>
<th>O-1: DPT Faculty Evaluation Form (App F-7.3), Core Faculty and Associated Faculty CV, Minutes from faculty meetings, Minutes from DPT Faculty Development Committee</th>
<th>Quantitative</th>
<th>Yes</th>
<th>Core Faculty, Students, DC, Faculty Council secretary, College of Professional Programs secretary</th>
<th>Core Faculty, DPT Faculty Development Committee</th>
<th>DPT Faculty Development Committee, Core Faculty, DPT Outcomes Committee</th>
<th>First Friday of spring semester annually for DPT Faculty Evaluation Form, second Tuesday of every month for College meeting, second Thursday of every month for Faculty Council meetings</th>
<th>100% of core faculty member are expected to serve on a minimum of two Program committees annually, and regularly attend Program, College, and University faculty meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-2: DPT Faculty Evaluation Form (App F-7.3), Core Faculty and Associated Faculty CV, Minutes from DPT Faculty Development Committee</td>
<td>Quantitative</td>
<td>Yes</td>
<td>Core and Associated Faculty</td>
<td>Core Faculty, DPT Faculty Development Committee, DC</td>
<td>DPT Faculty Development Committee, Core Faculty, DPT Outcomes Committee</td>
<td>First Friday of spring semester annually for DPT Faculty Evaluation Form</td>
<td>75%, or more, of the core faculty and 50% associated faculty will maintain membership and involvement in professional associations which support the practice, education, and research of Physical Therapy</td>
</tr>
<tr>
<td>O-3: DPT Faculty Evaluation Form (App F-7.3), Core Faculty and Associated Faculty CV, Minutes from DPT Faculty Development Committee</td>
<td>Quantitative</td>
<td>Yes</td>
<td>Core and Associated Faculty</td>
<td>Core Faculty, DPT Faculty Development Committee, DC</td>
<td>DPT Faculty Development Committee, Core Faculty, DPT Outcomes Committee</td>
<td>First Friday of spring semester annually for DPT Faculty Evaluation Form</td>
<td>50%, or more, of the core faculty and 25% associated faculty actively serve within professional associations at either the local, state, or national level</td>
</tr>
</tbody>
</table>
F-4. Advance an agenda of scholarly activity, pursue professional advancement, and engage in lifelong learning that is designed to enhance teaching effectiveness and contribute to the profession of Physical Therapy.

<table>
<thead>
<tr>
<th>O-1: DPT Faculty Evaluation Form (App F-7,3), Core Faculty and Associated Faculty CV, proof of dissemination, Minutes from DPT Faculty Development Committee</th>
<th>Quantitative</th>
<th>Yes</th>
<th>Core Faculty</th>
<th>Core Faculty</th>
<th>DPT Faculty Development Committee, Core Faculty, DPT Outcomes Committee</th>
<th>First Friday of spring semester annually for DPT Faculty Evaluation Form</th>
<th>100% of core faculty maintain an agenda of scholarly activity and 50% engage in dissemination in non-peer and peer-reviewed formats on a yearly basis</th>
</tr>
</thead>
</table>

O-2: DPT Faculty Evaluation Form (App F-7,3), Core Faculty CV, proof of dissemination, Minutes from DPT Faculty Development Committee

<table>
<thead>
<tr>
<th>O-1: Written &amp; Practical examination grades, Final course grades, CPI</th>
<th>Quantitative, Qualitative</th>
<th>No</th>
<th>Primary Course Instructors, CI's</th>
<th>DPT Academic Review Committee, Core Faculty, CI, ACCE</th>
<th>DPT Academic Review Committee, DPT Outcomes Committee, Core Faculty,</th>
<th>Throughout each semester, end of semester at ESR, end of each clinical practice course</th>
<th>80% of students will score ≥ 75% on written &amp; practical exams and Pass all clinical practice courses. 80% of students will score at entry level on 80% of CPI criteria</th>
</tr>
</thead>
</table>

G-1: Demonstrate entry-level competence in the examination, diagnosis/classification, intervention, and outcome measurement of the movement system across the lifespan by providing services that are safe, effective, patient-centered, timely, efficient, equitable, cost-effective, and meaningful to individuals within all available practice settings.

| O-2: NPTE results | Quantitative | No | FSBPT | DC | DPT Outcomes Committee, Core Faculty | Within 6 months of graduation | 100% of Program graduates will pass the NPTE. 90%, or more, of Program graduates will pass the NPTE on the first attempt |
| G-2. Embrace best practice standards through the implementation and perpetuation of evidence-based principles, which include the integration of best available research, clinical expertise, and patient-centered values and goals. | Quantitative, Qualitative | No | DPT Outcomes Committee, Core Faculty | 90% of students adhere to evidence-based principles during clinical experiences |
| G-1: CPI Results, Part-Time Clinical Instrument (App P-11.2,3), Mid-Term Check-In Form (App P-11,1) | Quantitative, Qualitative | No | CI and ACCE | At the end of each clinical experience |
| G-2: Graduate Survey (App P-4.9), Employer Survey (App P-4.10) | Quantitative, Qualitative | No | DPT Outcomes Committee, Core Faculty | 75% of students and graduates answer SA or A on quest #4, 5 on Graduate Survey and quest #5,6 on Employ Survey. 50% report activity in quest. #19-23 on Grad Survey |
**G-3. Collaborate with other health care providers, consumers, and community organizations to address the health-related challenges that society faces as autonomous Doctors of Physical Therapy, who are characterized by independent thinking, self-determination, altruistic service, and who embody the highest standards of ethical and moral practice.**

<table>
<thead>
<tr>
<th>O-1: Student Survey (App P-4,8), Graduate Survey (App P-4,9), Employer Survey (App P-4,10). Pro bono hours log, clin ed assignments, Clinical Student Information Form (App P-10,1), course syllabi from didactic and clinical education courses</th>
<th>Quantitative, Qualitative</th>
<th>No</th>
<th>Students, Graduates, Employers of Program graduates, CI's, pro bono supervisors</th>
<th>DPT Outcomes Committee, ACCE, Core Faculty</th>
<th>DPT Outcomes Committee, ACCE, Core Faculty</th>
<th>Every for spring ESR, 1 and 5 years post graduation, completion of each clin ed experience, 100% students involved in interprofessional learning, 75% of students and graduates answer SA or A on #1,4,5 on Graduate Survey and quest #3,14 on Emp Survey. 50% report activity in quest #19-23 on Grad Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-2: Graduate Survey (App P-4,9), Employer Survey (App P-4,10)</td>
<td>Quantitative, Qualitative</td>
<td>No</td>
<td>Graduates, Employers of Program graduates</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>1 and 5 years post graduation, 50% of graduates answer SA or A on #4-6 and report activity in quest. #14-18 on Grad Survey and 50% employers answer SA or A on quest #7 on Emp Survey</td>
</tr>
<tr>
<td>O-3: Graduate Survey (App P-4,9), Employer Survey (App P-4,10)</td>
<td>Quantitative, Qualitative</td>
<td>No</td>
<td>Graduates, Employers of Program graduates</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>DPT Outcomes Committee, Core Faculty</td>
<td>1 and 5 years post graduation, 50% of graduates answer SA or A on #4-6 and report activity in quest. #19-23 on Grad Survey and 50% employers answer SA or A on quest #6 on Emp Survey</td>
</tr>
</tbody>
</table>


| G-4. Engage in the persistent, lifelong acquisition of authentic knowledge and skill to advance the art and science of Physical Therapy and its role in the delivery of health care and health promotion. | O-1: Graduate Survey (App P-4.9), Employer Survey (App P-4.10) | Quantitative, Qualitative | No | Graduates, Employers of Program graduates | DPT Outcomes Committee, Core Faculty | DPT Outcomes Committee, Core Faculty | 1 and 5 years post graduation | 50% of graduates answer SA or A on quest #4 and report activity in quest. #19-23 on Grad Survey and 50% employers answer SA or A on quest #7 on EmSurvey |
Alvernia University developed a strategic plan spanning 2008-2018 and has made much progress toward achieving the strategic goals outlined in this plan. In September 2011, University President, Dr. Thomas Flynn, charged the Alvernia Planning Advisory Council (APAC) with leading a review of the strategic plan and to make recommendations to the Board of Trustees for the remaining 5 years of the plan. The following DPT Program Strategic Plan is designed to reflect and support the Strategic Plan for Alvernia University which was approved by the Board of Trustees in December 2011.

The revised Strategic Plan for Alvernia University 2011-2018 identifies five strategic priority goals, these are:

- Identity
- Educational Quality
- Student Communities
- Community & External Engagement
- Resource Development

**Strategic Priority I – Identity:** “Alvernia commits itself to becoming a distinctive Franciscan University.”

<table>
<thead>
<tr>
<th>Long-Term (5yr) Program Goal</th>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Milestones</th>
<th>Results / Update</th>
</tr>
</thead>
</table>
| SP-I:1: To implement a model of Professional Education that is empathetic, patient-centered, and service-oriented. | 1. Identify faculty who understand this priority and commit to contributing to its realization.  
2. Develop the ability of faculty to regularly integrate these values into teaching | DPT Program Director, faculty search committee, DPT core faculty | Year 1: core, associate, clinical faculty who demonstrate commitment to Program mission  
Year 3: Expand faculty, expand service-learning experiences including pro bono clinic  
Year 5: Full complement of faculty with interprofessional service-learning experiences | TBD |
| SP-I:2: To establish an environment that embraces diversity and seeks to create a community that respects individual preferences | 1. Provide opportunities for faculty and students to become exposed to individuals from different | DPT core faculty | Year 1: Establish a moderately diverse faculty and student body  
Year 3: Establish a significantly diverse student body with formal | TBD |
### Strategic Priority II - Educational Priority: “Alvernia commits itself to creating and sustaining excellent academic programs driven by an outstanding faculty.”

<table>
<thead>
<tr>
<th>Long-Term (5yr) Program Goal</th>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Milestones</th>
<th>Results / Update</th>
</tr>
</thead>
</table>
| **SP-II:1: To develop a comprehensive academic plan that ensures compliance with all accreditation/regulatory requirements and specifies priorities and resources for curriculum and program development, faculty excellence initiatives, staffing and other instructional support.** | 1. Develop a comprehensive academic plan that achieves and maintains compliance with CAPTE accreditation standards.  
2. Identify and obtain the resources needed to facilitate program and faculty development.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DPT Program Director, DPT core faculty                                                                 | Year 1: Achieve CAPTE candidacy  
Year 3: Achieve CAPTE accreditation  
Year 5: Achieve standards on AAR ongoing and at 10 year reaccreditation                                                                 | TBD                                                                                     |
### Long-Term (5yr) Program Goal

**SP-II-3: To facilitate “student success” through development of the entering student profile and educational outcomes as measured by retention, graduation, licensure pass rates, and job placement.**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Milestones</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop admission criteria and processes designed to facilitate student success in the Program.</td>
<td>DPT core faculty</td>
<td>Year 1: Formalize admission process and identify areas in need of further development</td>
<td>TBD</td>
</tr>
<tr>
<td>2. Foster a culture of excellence through the creation of authentic learning experiences provided by expert instructors.</td>
<td></td>
<td>Year 3: Engage in extensive curriculum and Program review in preparation for CAPTE site visit and address deficiencies</td>
<td></td>
</tr>
<tr>
<td>3. Ensure that Program curriculum represents best practice standards in contemporary PT practice.</td>
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<td>Year 5: Expand learning experiences through exploration into alternate models of course delivery</td>
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</table>

### Strategic Priority III - Student Communities: “Alvernia commits itself to enhance the learning experience for all students by strengthening and expanding residential and educational environments.”

<table>
<thead>
<tr>
<th>Long-Term (5yr) Program Goal</th>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Milestones</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SP III:1: To create a competitive and contemporary teaching, learning, and campus environment through improved facilities and services.</strong></td>
<td>1. Procure necessary funding for program development which includes necessary equipment, classroom and lab space, and technological support.</td>
<td>DPT Program Director and DPT Mission Policy and Planning Committee</td>
<td>Year 1: Assess current space and equipment, procure funding for additional resources</td>
<td>TBD</td>
</tr>
<tr>
<td>2. Explore innovative teaching and learning models designed to “expand the classroom” and integrate</td>
<td></td>
<td></td>
<td>Year 3: Procure funding for additional resources to accommodate for an increase in student numbers</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Year 5: Development of new teaching and research space</td>
<td></td>
</tr>
</tbody>
</table>
### SP III:2 To engage in the development of students as servant-leaders who are prepared to make significant contributions to their profession and the communities in which they serve.

- Classroom with clinical instruction.

### Strategic Priority IV - Community and External Engagement: “Alvernia commits to expanding external engagement, especially with alumni, civic leaders, and learning partners, and to strengthen its visibility and reputation.”

#### SP IV:1 To develop a program that becomes a proactive leader in responding to the educational and health-related needs of the surrounding professional and non-professional community through strategic partnerships with local clinicians, community organizations, and interprofessional health care teams.

1. Foster close relationships with local PT’s, community leaders, and other healthcare professionals.
2. Develop service-learning opportunities for faculty and students that are designed to address the health-related challenges of the community.
3. Develop a curriculum that focuses on patient-centered needs and values.

- DPT Core, associated, clinical faculty

| Year 1 | Identify qualified, local clinicians to collaborate in research, community activities, and to become associated and clinical faculty |
| Year 3 | Engage in interprofessional collaboration designed to address health-related needs of the community and the educational needs of local clinicians |
| Year 5 | Become an important education resources for local clinicians by offering regular, biannual continuing education seminars |

### Strategic Priority V - Resource Development: “Alvernia commits to pursuing new and expanded opportunities for (human and) fiscal resource development to enhance both educational quality and long term fiscal strength.”

#### SP V:1 To enhance fiscal viability and stability of the Program by securing steady targeted enrollment growth and student retention.

1. Establishing sustainable qualified student admission streams.
2. Develop processes to monitor

- DPT core faculty, Office of Graduate & Adult Education

| Year 1 | Aggressive marketing of the newly developing Program |
| Year 3 | Assess student success using retention, progression, graduation, |

TBD
<table>
<thead>
<tr>
<th>Long-Term (5yr) Program Goal</th>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Milestones</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>retention and progression rates, as a first step to identifying opportunities for improvement.</td>
<td></td>
<td>licensure, and employment rates as benchmarks and plan strategies for resolution</td>
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<tr>
<td></td>
<td>3. Develop a regional reputation as a “signature” program for the professional education of Physical Therapists.</td>
<td></td>
<td>Year 5: Achieve success in all outcomes measures and become an important resource for the local PT community</td>
<td></td>
</tr>
</tbody>
</table>
Exposure Incident Report
Alvernia University
Doctor of Physical Therapy Program
Student Form
(Please Print)

Student’s Name_________________________               Date_____/_____/______

Date of Birth_____/_____/______               SS#_____-_____-_____

Telephone (Home)_________________________               Telephone (Cell)_________________________

Date of Exposure_____/_____/______               Time of Exposure _________AM___PM___

Hepatitis B Vaccination Status______________               Location of Incident__________________________

Describe the circumstances under which the exposure incident occurred:

____________________________________________________________________________________________

____________________________________________________________________________________________

Name what body fluids, if any, you were exposed to:

____________________________________________________________________________________________

Describe the route of exposure (mucosal contact, contact with non-intact skin, percutaneous):

____________________________________________________________________________________________

Describe any personal protective equipment (PPE) in use at the time of the exposure incident:

____________________________________________________________________________________________

Did the PPE fail?______________               If yes, how?________________________________________

Identification of source individual(s) name(s): ____________________________________________

Other pertinent information:________________________________________________________

Physician/Health Care Provider Information

Name of physician/health care provider:_____________________________________

Facility:_____________________________________

Address:_____________________________________

Was the student treated in an emergency room? Yes_____     No_____  

Was the student hospitalized overnight as an in-patient? Yes_____     No_____
Exposure Incident Post-Exposure Source Individual’s Consent Form
Doctor of Physical Therapy Program

Source Individual Name: ______________________________

Date:____/____/____

_____ I hereby consent to blood collection to determine the presence of bloodborne pathogens, and to document my test results. This information will be provided confidentially to the individual(s) exposed to my blood.

_____ I do not presently consent to having my blood tested.

_________________________________
Date
Source Individual’s Signature

_________________________________
Date
Athletics Administrator Signature
ALVERNIA UNIVERSITY
Doctor of Physical Therapy Laboratory

Student Use Policy

- Only DPT students who are currently enrolled in the DPT Program will have access to the lab before, during, and after classroom hours. No other students may use the lab space without the consent of the DPT Faculty.
- Only DPT students are permitted to utilize the equipment located within the DPT lab including, but not limited to, computers, printers, screen, exercise equipment.
- DPT students will utilize the lab at their own risk.
- DPT students will be expected to utilize only the equipment for which they have been trained during their coursework within the DPT Program at Alvernia.
- DPT students must follow all precautions and contraindications for the use of all equipment.
- DPT students using the lab must properly clean all equipment after each use and restore the lab to a neat and orderly appearance after each use.
- DPT students will remove shoes when using the tables and any other clothing or accessories that may damage the equipment (ie. belt buckles, jewelry, etc).
- If equipment is damaged, the responsible party should inform DPT faculty or staff immediately.
- No equipment or supplies will be removed from the lab without the consent of the DPT faculty.
- The last person to use the lab must lock all doors before leaving.
- To gain access outside of normal classroom hours, students will utilize their identification cards to operate the card access system located at the external door of the building and at the inside door to the DPT lab. The card access system provides information to campus security regarding student use of the DPT lab.
- Students must maintain their ID cards to verify their identity the entire time that they are within the building.
- An elevator is available to gain access to the ground floor of the PEC and is available for student use during open lab hours.
- The DPT lab will be available for student use when the PEC is open. The DPT lab will be open for extended hours during mid-term and finals week.
- Before and after classroom hours, students are encouraged to enter the DPT lab in the company of at least one other classmate.
- No food or drink will be allowed in the DPT learning space
- DPT students are expected to comply with the policies for preventing disease and the transmission of blood borne pathogens as outlined in Part IV of the DPT Policies & Procedures Manual.
- Students should contact Campus Security immediately if any issues arise at (610) 796-8350. A phone is available in the DPT lab for student use as needed.
Appendix R

ALVERNIA UNIVERSITY DPT PROGRAM
CONSENT TO PARTICIPATE IN A LEARNING EXPERIENCE

Why are you being asked to participate?
This is a learning experience (classroom or lab) which involves students enrolled in the Doctor of Physical Therapy Program at Alvernia University. We are inviting you to participate in this learning experience because you fit the description of an individual who is experiencing a condition similar to what the students have been learning in class. Your participation in this experience will serve to enhance the students' understanding of important concepts and support what they are learning in class.

Please read this form and ask any questions that you may have before agreeing to take part in this learning experience.

Procedures
If you agree to participate, you will be asked to do the following:

1. Attend a classroom or laboratory experience at a location determined by DPT Faculty in consultation with you. The location for most learning experiences will occur in the DPT Learning Space on the ground floor of the Physical Education Center on Alvernia University's main campus.
2. You will be asked to wear clothes that allow access to the body part that will be the focus of the learning experience, if applicable.
3. You may be asked to share with faculty and students in small and/or large group settings any pertinent past medical history, details regarding the events leading up to your participation.
4. Faculty and students may interact with you both verbally and physically. This may require direct manual contact and close interaction for extended periods of time.
5. Students as well as faculty may be involved. More than one person may be working and interacting with you. After explaining each procedure, your permission will be requested BEFORE implementing the procedure.
6. Students have been informed of what the Program expects from them during this experience. You can expect to be treated kindly, gently, and professionally.
7. At the conclusion of the experience, faculty and students will summarize the experience, provide any data that may have been obtained, and be sure that you are given ample time to ask any questions and provide feedback.

Alternate Procedures
Alternate procedures may be employed if standard procedures are unable to be performed. In such cases, your informed consent will be given prior to the use of any alternate procedures.

Length of Participation
Class times will vary and may last for a period of 1-4 hours. In most cases, your participation will be limited to one session. Additional sessions may be used only if your permission is granted.

Confidentiality
Some of the data collected during the learning session may be used in presentations or publications. However, there will be no information included that will make it possible to identify you without your permission. To help protect your confidentiality, your name will be coded and any information discussed or data collected during the learning session will not be shared with anyone outside of the class. After the class session is completed and presented, all raw data will be destroyed.

If a report or article is written about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of Alvernia University or governmental authorities if you or someone else is in danger or if we are required to do so by law.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

Waivers of Elements of Confidentiality
Not Applicable

RISKS
This study has the following risks. There may be some risks from participating in this research study. There is a minimal chance that throughout the process of examination and intervention during the learning experience that you could experience an increase in your symptoms or you may develop additional symptoms. The likelihood of these risks is minimal and all appropriate precautions will be taken to avoid such a situation. All care will be provided under the direct supervision of Alvernia University Faculty.

BENEFITS
Benefits of being in the study include
You may notice improvement in response to the care provided. You may also benefit from developing a greater understanding of your condition and how to manage it better. You will also be adding to the learning experience of faculty and students which may lead to more favorable outcomes for others.

Rights
Your participation in this learning experience is completely voluntary. You may choose not to take part at all. If you decide to participate, you may stop participating at any time. If you decide not to participate or if you stop participating at any time, you will not be penalized or lose any benefits to which you would otherwise qualify. Your involvement in the study will be brought to an end if we are made aware of a condition that will put you at risk of an injury.

Injury
Alvernia University does not provide any medical, hospitalization or other insurance for participants in this research study, nor will Alvernia University provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.

Costs
There is no cost for participation.
Compensation
You will not be reimbursed for your time and participation in this study.

Summary of Findings
If you wish to have a written summary of the findings of this learning experience when the study is complete, please contact the Faculty member.

Contacts and Questions
This learning experience is being conducted by Alvernia University DPT Students and Faculty. Please direct any questions about this experience to the faculty member who is organizing the experience. If your questions have not been answered or if you have any additional questions, please contact Dr. Christopher H. Wise, DPT Department Chair, at Alvernia University at 400 St. Bernardine St, Reading PA 19607, by phone at 610-230-5708, or email at christopher.wise@alvernia.edu.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

Statement of Consent
I have read the above information. I have asked questions and have received satisfactory answers. I consent to participate in the study.

__________________________________________  __________________
Signature                                      Date
Classroom and Laboratory Participation in Teaching-Learning Activity

Guest Indemnity Agreement

__________________________________________, self or the parents(s)/guardian(s) of
__________________________________________ hereby agree to indemnify, defend and save and hold
harmless Alvernia University, its officers, employees, agents, partners, heirs, successors and assigns
(collectively, the “Indemnified Party”) from and against, and to reimburse the Indemnified Party with
respect to, any and all claims, demands, causes of actions, losses, damages, liabilities, costs and
expenses (including reasonable attorneys’ fees and expenses, court costs, and costs of appeals) asserted
against or incurred by the Indemnified Party by reason of or arising out of
__________________________________________’s participation in an Alvernia University classroom or laboratory
activity.

__________________________________________  ______________________________
Signature                                      Date

__________________________________________  ______________________________
Printed Name                                   Witness

Class/Laboratory Name and Number: ________________________________

Purpose of Participation: ________________________________

7/2014 (kst)
Appendix S

**BIOCHEMISTRY/DPT FOUR (4) YEAR PLAN (3+3 Curriculum Plan)**

During the first 3 semesters, it is important for students to make substantial progress toward completing those BIO and CHE courses that are pre-requisites for other required science courses. Courses in bold are DPT Prerequisites. Courses that are underlined are BIOCHE major and related requirements.

Courses that are pre-requisites for other required science courses. Courses in bold are DPT Prerequisites.

<table>
<thead>
<tr>
<th>Semester 1</th>
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<tbody>
<tr>
<td><strong>COL 110/160: First Yr or HNRS Sem</strong></td>
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</tr>
<tr>
<td><strong>COM 101: Composition &amp; Research</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>BIO 103: Principles of Biology</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>CHE 104: General Chemistry I</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>CHE 110: General Chemistry Lab I</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>CHE 107: Laboratory Safety</strong></td>
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<tr>
<td><strong>CORE</strong></td>
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<tr>
<td><strong>BIO 221: General Microbiology w/lab</strong></td>
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<tr>
<td><strong>CHE 105: General Chemistry II</strong></td>
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<tr>
<td><strong>CHE 111: General Chemistry Lab II</strong></td>
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<tr>
<td><strong>MAT 131 or CORE if MAT 131 is not needed</strong></td>
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<td><strong>CORE (PSY 101)</strong></td>
<td>3</td>
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<td><strong>CORE</strong></td>
<td>3</td>
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<tr>
<td><strong>MAT 220: Math/Stats Computer Lab</strong></td>
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<thead>
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<tbody>
<tr>
<td><strong>CHE 201: Organic Chemistry I</strong></td>
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<td><strong>CHE 210: Organic Chemistry Lab I</strong></td>
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<td><strong>BIO 303: Genetics</strong></td>
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<tr>
<td><strong>BIO 309: Molecular Genetics Lab</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>CORE</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>MAT 230: Calculus I</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>CORE</strong></td>
<td>3</td>
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<td>18</td>
</tr>
<tr>
<td><strong>BIO 107/117 taken in place of BIO115/116</strong></td>
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<tr>
<td><strong>CHE 201: Organic Chemistry II</strong></td>
<td>3</td>
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<tr>
<td><strong>CHE 211: Organic Chemistry Lab II</strong></td>
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<thead>
<tr>
<th>Semester 5</th>
<th>Semester 6</th>
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</thead>
<tbody>
<tr>
<td>*<em>Major Elective (BIO 108/118) <em>since this is not listed as a choice, this would be approved by Dept. Chair</em></em></td>
<td>4</td>
</tr>
<tr>
<td><strong>PHY 200: Physics I w/lab</strong></td>
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<td><strong>CORE</strong></td>
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<tr>
<td><strong>CHE 301: Physical Chemistry I</strong></td>
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<tr>
<td><strong>CHE 310: Physical Chemistry Lab</strong></td>
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<tr>
<td><strong>MAT 208: Introduction to Statistics (sub for MAT 209)</strong></td>
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<tr>
<td><strong>PHY 201: Physics II w/lab</strong></td>
<td>4</td>
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<tr>
<td><strong>CHE 302: Physical Chemistry II</strong></td>
<td>3</td>
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<tr>
<td><strong>CHE 311: Physical Chemistry II lab</strong></td>
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<tr>
<td><strong>CHE 401 Biochemistry</strong></td>
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<td><strong>CHE 410 Biochemistry lab</strong></td>
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<td><strong>CORE</strong></td>
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<thead>
<tr>
<th>Semester 7</th>
<th>Semester 8</th>
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<tbody>
<tr>
<td><strong>DPT 500 Gross Anatomy &amp; Histology</strong></td>
<td>5</td>
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<tr>
<td><strong>DPT 501 Development Lifespan</strong></td>
<td>4</td>
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<tr>
<td><strong>DPT 504 Foundations of PT</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>DPT 508 PT Procedures I</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>DPT 522 Clinical Practice I</strong></td>
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<td>TOTAL</td>
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<tr>
<td><strong>DPT 502 Kinesiology</strong></td>
<td>4</td>
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<tr>
<td><strong>DPT 516 Musculoskeletal Practice I</strong></td>
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<td><strong>DPT 520 Neuromuscular Practice I</strong></td>
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<tr>
<td><strong>DPT 509 Found Clin Exam &amp; Eval</strong></td>
<td>4</td>
</tr>
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<td><strong>DPT 523 Clinical Practice II</strong></td>
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<td>TOTAL</td>
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</table>

Students should expect to take additional coursework (3-6 credits) over the summer or at Winterim in order to complete this Program. A BS in BIOCHE (142 credits) is awarded at the end of the 4th year. The remainder of the DPT curriculum comprising 87 credits will result in the earning of the DPT.
# Biology/DPT 8 semester undergraduate plan

## BIO/DPT FOUR (4) YEAR PLAN (3+3 Curriculum Plan)

During the first 3 semesters, it is important for students to make substantial progress toward completing those BIO and CHE courses that are pre-requisites for other required science courses. Courses in bold are DPT Prerequisites. Courses that are underlined are BIO major requirements.

<table>
<thead>
<tr>
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<th>Semester 2</th>
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<tbody>
<tr>
<td>COL 110/160: First Yr or HNRS Sem</td>
<td>2</td>
</tr>
<tr>
<td>COM 101: Composition &amp; Research</td>
<td>3</td>
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<tr>
<td><strong>BIO 103: Principles of Biology</strong></td>
<td>4</td>
</tr>
<tr>
<td>CHE 104: General Chemistry I</td>
<td>3</td>
</tr>
<tr>
<td>CHE 110: General Chemistry Lab I</td>
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</tr>
<tr>
<td>CHE 107: Laboratory Safety</td>
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</tr>
<tr>
<td>CORE</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<table>
<thead>
<tr>
<th>Semester 3</th>
<th>Semester 4</th>
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</thead>
<tbody>
<tr>
<td>CHE 201: Organic Chemistry I</td>
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<tr>
<td>CHE 210: Organic Chemistry Lab I</td>
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<tr>
<td><strong>Biology Elective (BIO 107/117)</strong></td>
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<tr>
<td>MAT 230: Calculus I</td>
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</table>

<table>
<thead>
<tr>
<th>Semester 5</th>
<th>Semester 6</th>
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<tbody>
<tr>
<td>BIO 303: Genetics</td>
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</tr>
<tr>
<td>BIO 309: Molecular Genetics Lab</td>
<td>1</td>
</tr>
<tr>
<td><strong>PHY 110: General Physics I w/lab</strong></td>
<td>4</td>
</tr>
<tr>
<td>CORE</td>
<td>3</td>
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<tr>
<td><strong>MAT 209: Probability and Statistics</strong></td>
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<tr>
<td>MAT 220: Math/Stats Computer Lab</td>
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<td><strong>TOTAL</strong></td>
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<table>
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<tr>
<th>Semester 7</th>
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<tbody>
<tr>
<td>DPT 500 Gross Anatomy &amp; Histology</td>
<td>5</td>
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<tr>
<td>DPT 501 Development Lifespan</td>
<td>4</td>
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<tr>
<td>DPT 504 Foundations of PT</td>
<td>3</td>
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<tr>
<td>DPT 508 PT Procedures I</td>
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</tr>
<tr>
<td>DPT 522 Clinical Practice I</td>
<td>1</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>17</td>
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</table>

Students should expect to take additional coursework (3-6 credits) over the summer or at Winterim in order to complete this Program. A BS in BIO (139 credits) is awarded at the end of the 4th year. The remainder of the DPT curriculum comprising 87 credits will result in the earning of the DPT.
### Healthcare Science/DPT 8 semester undergraduate plan

#### HCS/DPT FOUR (4) YEAR PLAN (3+3 Curriculum Plan)

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<tr>
<th>Semester I</th>
<th>Semester II</th>
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<tbody>
<tr>
<td>SOC 111 or PSY 101</td>
<td>SOC 111 or PSY 101</td>
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<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>COL 110/160 – First Yr/HNRS Seminar</td>
<td>(CORE) Foreign Language II</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>(CORE) COM 101</td>
<td>(CORE) COM</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>(CORE) Foreign Language 1</td>
<td>Elective* BIO 107/117</td>
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<tr>
<td>(CORE) THE 105</td>
<td>Elective* HCS 200</td>
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Declare intention to attain DPT

<table>
<thead>
<tr>
<th>Semester III</th>
<th>Semester IV</th>
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<tbody>
<tr>
<td>HCS 300 Writing for Healthcare Science</td>
<td>HCS 320 Healthcare Science/ Cultural Competence</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
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<tr>
<td>PSY 208</td>
<td>(CORE) MAT 208</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
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<tr>
<td>(CORE) PHI 105</td>
<td>(CORE) THE/PHI 200 Level Ethics/Morality</td>
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<tr>
<td>Elective* CHE 104/110</td>
<td>Elective* CHE 105/111</td>
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<tr>
<td>Elective* BIO 108/118</td>
<td>Elective* BIO 211 Kinesiology recommended</td>
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Declare intention to attain DPT

<table>
<thead>
<tr>
<th>Semester V</th>
<th>Semester VI</th>
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<tbody>
<tr>
<td>HCS 310 Health &amp; Wellness over Life Span</td>
<td>HCS 330 Healthcare Literacy &amp; Advocacy</td>
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<td>(CORE) HIS</td>
<td>HCS 340 Healthcare Science Management</td>
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<tr>
<td>(CORE) Literature</td>
<td>(CORE) Art/Music/Theater</td>
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<tr>
<td>(CORE) THE/PHI 200 – 400 Level</td>
<td>BIO 216 Nutrition</td>
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<tr>
<td>Elective* PHY 110</td>
<td>Elective* PHY 111</td>
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DPT Progression requirements: GPA: overall 3.25; Science 3.0

<table>
<thead>
<tr>
<th>Semester VII</th>
<th>Semester VIII</th>
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<tbody>
<tr>
<td>DPT 504 Foundations of PT</td>
<td>DPT 509 Foundations Clinical Examination and Evaluation</td>
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<tr>
<td>DPT 522 Clinical Practice I</td>
<td>DPT 502 Kinesiology</td>
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<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>DPT 500 Gross Anatomy &amp; Histology</td>
<td>Elective * DPT 516</td>
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<td>DPT 501 Development through the Lifespan</td>
<td>Elective* DPT 520</td>
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<tr>
<td>DPT 508 PT Procedures I</td>
<td>Elective* DPT 523</td>
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</table>

*Many of the electives are the prerequisites required for DPT.*

BS in HCS (133 credits) awarded at the end of the 4th year. The remainder of the DPT curriculum comprising 87 credits will result in the earning of the DPT.
Appendix V

PSYCH/DPT FOUR (4) YEAR PLAN (3+3 Curriculum Plan)
During the first 3 semesters, it is important for students to make substantial progress toward completing the Core courses and the courses required for the PSYCH major (in red) as well as the DPT Prerequisites (bold).

<table>
<thead>
<tr>
<th>Semester I</th>
<th>Semester II</th>
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<tbody>
<tr>
<td>PSY 101 : Intro to Psychology</td>
<td>MAT 208</td>
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<td>3</td>
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<tr>
<td>CORE (PHI 105)</td>
<td>BIO 107/117 (Core Science)</td>
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<tr>
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<tr>
<td>CORE (COM 101)</td>
<td>PSY 130 Research I</td>
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<tr>
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<tr>
<td>COL 110 – First Year Seminar</td>
<td>PSY 208: Human Development across the Lifespan</td>
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Semester III

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<td>CORE</td>
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<tr>
<td>Elective* ( BIO Kinesiology recommended or Area II BIO)</td>
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<td>PSY 250 Psychopathology</td>
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<td>CORE</td>
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<tr>
<td>PSY 230 Research II</td>
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<td>CORE (PHI 200 - 200 Level Ethics requirement)</td>
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<tr>
<td>Related Required* (CHE 104/110)</td>
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<tr>
<td>Related Required* BIO 108/118</td>
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Declare intention to attain DPT

<table>
<thead>
<tr>
<th>Semester V</th>
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<tbody>
<tr>
<td>CORE</td>
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<tr>
<td>PSY 301: History and Systems in Psychology</td>
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<td>PSY 413: Practicum I</td>
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<td>PSY 423: Practicum II Seminar</td>
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<tr>
<td>Related Required* (PHY 110)</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>Related Required* (PHY 110)</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

DPT Progression requirements: GPA: overall 3.25; Science 3.0

<table>
<thead>
<tr>
<th>Semester VII</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT500 Gross Anatomy &amp; Histology</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>DPT501 Development Through the Lifespan</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>DPT504 Foundations of Physical Therapy</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>DPT508 Physical Therapy Procedures I</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>DPT522 Clinical Practice I</td>
</tr>
<tr>
<td>1</td>
</tr>
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<td>TOTAL</td>
</tr>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester VIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT502 Kinesiology</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>DPT509 Foundations of Clinical Exam and Eval</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>DPT516 Musculoskeletal PT Practice I</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>DPT520 Neuromuscular PT Practice I</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>DPT523 Clinical Practice II</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

| PSY Elective: (DPT 504) Foundations of PT |
| 3/3                             |
| PSY Elective: DPT 509: Foundations Clin Exam and Eval |
| 3/4                             |
| (DPT 522) Clinical Practice I    |
| 1                               |
| DPT 502: Kinesiology (BIO Area II) |
| 4                               |
| (DPT 500) Gross Anatomy & Histology (BIO Area II) |
| 5                               |
| DPT 516: Musculoskeletal Phys/Path ) |
| 4                               |
| PSY elective:(DPT 501) Development through the Lifespan (Motor Control) |
| 3/4                             |
| PSY Elective: (DPT 520: Neuromuscular Phys/Path ) |
| 3/4                             |
| (DPT 508) PT Procedures I        |
| 3/4                             |
| DPT 523: Clinical Practice II    |
| 1                               |
| Total                            |
| 9/17                            |

*Many of the electives are the prerequisites required for DPT.

BS in PSY (137 credits) awarded at the end of the 4th year. The remainder of the DPT curriculum comprising 87 credits will result in the earning of the DPT.
ALVERNIA PHYSICAL THERAPY DEPARTMENT
GRADING CRITERIA FOR REFERENCES

0: BELOW EXPECTATIONS:

- Reference does not know candidate well enough to answer questions
- Evidence is provided for 0-1 of the following characteristics:
  * Shows up early
  * Prepared
  * Appropriate attire
  * Other evidence of positive personal attributes
- Provides evidence that candidate has poor oral communication skills, both verbal and non-verbal. This is reflected in his/her speech quality, eye contact, energy level, degree of participation in the conversation, ability to ask and answer questions, and/or listening skills.
- Provides evidence that candidate in 0-1 of the following criteria:
  * Understands content
  * Appropriate and logical sequencing of activities and materials
  * Support and extension of student learning
- Candidate provides evidence for 0-2 of the following criteria
- Candidate has a very poor attendance rate

1: MEETS EXPECTATIONS:

- Reference knows candidate well enough to answer most questions
- Candidate has a positive attendance rate however has an occasional absence
- Provides evidence that candidate in 2 of the following criteria:
  * Understands content
  * Appropriate and logical sequencing of activities and materials
  * Support and extension of student learning

2: EXCEEDS EXPECTATIONS:

- Reference knows candidate well enough to answer all questions Provides evidence that candidate has exceptional oral communication skills, both verbal and non-verbal.
- Very thorough and organized.
  * Can work cooperatively and independent
  * Can make good decisions
  * Strives to increase productivity.
  * Prioritizes and plans work to meet deadlines.
  * Follow up and completes tasks on time.
- Candidate has an excellent attendance rate
0: BELOW EXPECTATIONS:
- The topic and main ideas are not clear.
- The author’s purpose of writing is unclear.
- Limited vocabulary. Jargon or clichés may be present and detract from the meaning.
- Sentences sound awkward, are distractingly repetitive, or are difficult to understand.
- The author makes numerous errors in grammar, mechanics, and/or spelling that interfere with understanding.

1: MEETS EXPECTATIONS:
- Main ideas are clear but are not well supported by detailed information
- Writing is somewhat clear, and there is some evidence of attention to audience.
- The author’s knowledge and/or experience with the topic is/are evident.
- The author uses words that communicate clearly, but the writing lacks variety.
- Most sentences are well constructed and have varied structure and length.
- The author makes a few errors in grammar, mechanics, and/or spelling, but they do not interfere with understanding.

2: EXCEEDS EXPECTATIONS:
- Main ideas are clear and are well supported by detailed and accurate information.
- Information is relevant and presented in a logical order.
- The conclusion is strong.
- There is strong evidence of attention to audience.
- All sentences are well constructed and have varied structure and length.
- The author makes no errors in grammar, mechanics, and/or spelling.
- The choice and placement of words seems accurate, natural, and not forced.
# DPT Curriculum Plan Assessment Matrix

## AY 2016-2017

<table>
<thead>
<tr>
<th>Required Element</th>
<th>Measure</th>
<th>Assessment Time Frame</th>
<th>Source</th>
<th>Expected Outcome</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A: Plan Based on Contemporary Information</td>
<td>Alignment of course student learning outcomes and content with published guidelines</td>
<td>At completion of every semester at ESR</td>
<td>Primary course instructors</td>
<td>100% of courses will align with contemporary standards</td>
<td>Achieved</td>
</tr>
<tr>
<td>6B: Enter BS Degree or Upper Division</td>
<td>Student pre-requisite preparation for admission is consistent between 4+3 and 3+3 tracks and professional standards, DPT Student Admissions Survey</td>
<td>Annually by April 1</td>
<td>DPT Admissions Committee</td>
<td>100% of students entering program are adequately prepared</td>
<td>Achieved</td>
</tr>
<tr>
<td>6C: Specific Prerequisites</td>
<td>Developed around 6 curricular tracks</td>
<td>Annually at the conclusion of the AY at ESR</td>
<td>DPT Curriculum Committee</td>
<td>Curriculum organized in 6 tracks</td>
<td>Achieved</td>
</tr>
<tr>
<td>6D: Curriculum Model</td>
<td>Hybrid model, lifespan, 4 curricular pillars, focus on leadership and professionalism</td>
<td>Annually at the conclusion of the AY at ESR</td>
<td>DPT Curriculum Committee</td>
<td>Curriculum in alignment with curricular model</td>
<td>Achieved</td>
</tr>
<tr>
<td>6E: Organization of Curriculum</td>
<td>Developed around 6 curricular tracks</td>
<td>Annually at the conclusion of the AY at ESR</td>
<td>DPT Curriculum Committee</td>
<td>Curriculum organized in 6 tracks</td>
<td>Achieved</td>
</tr>
<tr>
<td>6F: Interprofessional Education</td>
<td>Organized, IPE experiences throughout the curriculum</td>
<td>Annually at the conclusion of the AY at ESR</td>
<td>DPT Core Faculty</td>
<td></td>
<td>Achieved</td>
</tr>
<tr>
<td>6G: Course Syllabi</td>
<td>Part-Time Clinical Experience Instrument (Appendix P-11,2)</td>
<td>Throughout part-time clinical practice courses (DPT 522,523,622,623)</td>
<td>Clinical Instructors</td>
<td>90% of students will perform satisfactorily on every clinical skill</td>
<td>TBD</td>
</tr>
<tr>
<td>6H: Course Objectives</td>
<td>FSBPT Reports</td>
<td>Annually after completion of the NPTE by all graduates</td>
<td>Federation of State Boards of Physical Therapy</td>
<td>95% of all graduates will pass the NPTE and achieve licensure, 85% will pass the NPTE the first time.</td>
<td>TBD</td>
</tr>
<tr>
<td>6I: Variety of Instructional Methods</td>
<td>DPT Graduate Survey <em>(Appendix P-4,8)</em></td>
<td>1 year, 3 years, 5 years post-graduation</td>
<td>Program graduates</td>
<td>75% of respondents report an average rating of 4 on a scale from 1-5</td>
<td>TBD</td>
</tr>
<tr>
<td>6J: Variety of Evaluation Processes</td>
<td>Employer Survey <em>(Appendix P-4,9)</em></td>
<td>1 year post-graduation</td>
<td>Employers of Program graduates</td>
<td>75% of respondents report an average rating of 4 on a scale from 1-5</td>
<td>TBD</td>
</tr>
<tr>
<td>6K(K1-K8): Distance Education, if applicable</td>
<td></td>
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<tr>
<td>6L(L1-L5): Clin Ed</td>
<td></td>
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<tr>
<td>6M: Length</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Appendix Y

### DPT CURRICULAR CONTENT ASSESSMENT MATRIX

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Provide a maximum of 5 examples of course objectives demonstrating the highest expected level; Include: Course Prefix &amp; #, Objective #, Wording of Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>DPT 500: 3. Differentiate between fascia, muscle, and superficial vs. deep muscle. (LA-1,2) (7A)</td>
</tr>
<tr>
<td></td>
<td>DPT 516: 6. Describe the anatomy and physiology of bone in terms of growth, remodeling, repair and calcium homeostasis. (LA-1,2) (CC-1)</td>
</tr>
<tr>
<td></td>
<td>DPT 520 5. Distinguish between the various sensory systems, their component structures and functions (LA1, 2, 3) (7A, 7C, 7D19 g,p,q,u)</td>
</tr>
<tr>
<td></td>
<td>DPT 520 6 b. Compare and contrast upper motor neuron and lower motor neuron structure and function.</td>
</tr>
<tr>
<td></td>
<td>DPT 628: 1. Describe the basic anatomy and physiology of the cardiopulmonary system. (LA1,2)(7A)</td>
</tr>
<tr>
<td></td>
<td>DPT 732: 2. Describe the normal anatomy of the skin and vascular supply (7A, 7C) (LA 1)</td>
</tr>
<tr>
<td>Physiology</td>
<td>DPT 501: 1. Describe the primary stages of embryologic development. (7A, 7C) (LA-Quiz 1, Final Examination)</td>
</tr>
<tr>
<td></td>
<td>DPT 502: 1. Discuss the application of biomechanical and kinesiological principles as they relate to skeletal, joint, and muscle function in movement. (LA-Test 1, Final Examination) (7A, 7C, 7D17, 7D19k, o, s)</td>
</tr>
<tr>
<td></td>
<td>DPT 516: 1. Describe the structure, function and types of cartilage in terms of nutrition, process of degeneration, effects of loading, and regeneration. (LA-1,2,3) (7A)</td>
</tr>
<tr>
<td></td>
<td>DPT 520: 2.1 Describe the physiological basis of neuroplasticity, motor learning and the processes of recovery of function within the normal and impaired neuromuscular system [7A, 7C, 727g]</td>
</tr>
<tr>
<td></td>
<td>DPT 608: 1. Describe the physiological properties of excitable membranes and the biological and physiological effects of electrotherapy. (LA-1,3) (7A, 7C)</td>
</tr>
<tr>
<td></td>
<td>DPT 629: 16. Explain the contribution of aerobic and anaerobic metabolism to the total energy cost of exercise at different intensities of exercise. (LA-1,3) (7A, 7C, 7D19a,w)</td>
</tr>
<tr>
<td></td>
<td>DPT 629: 19. Discuss pulmonary ventilation, gas exchange and transport during exercise. (LA-1,3) (7A, 7C, 7D19a,w)</td>
</tr>
<tr>
<td>Genetics</td>
<td>DPT 501: 1. Describe the primary stages of embryologic development. (7A, 7C) (LA-Quiz 1, Final Examination) 1.1 The</td>
</tr>
</tbody>
</table>
| Exercise Science | DPT 501: 2. Describe critical stages of maturation from prenatal development through old age. (7A, 7C) (LA-Quizzes 1-10, Final Examination) 2.1. The influence of genetics on maturation throughout the lifespan.  
DPT 516: 3. Explain the impact of genetics, age and gender on musculoskeletal tissues. (LA-1,2) (7A, 7C)  
DPT 621: 4.2 Demonstrate an understanding of the role of genetics in neurological disorders and their management.  
DPT 628: 9. Discuss the etiology of specific disorders and disease processes, including genetic. (LA 1,2)(7C)  
DPT 732: 5. Identify internal and external factors that affect wound healing, including genetics. (7A, 7C) (LA1, LA2)  
DPT 502: 16. Define types of muscle contractions including isometric, isotonic, concentric, and eccentric and the functions of prime mover, assistive mover, agonist, antagonist, neutralizer, stabilizer, and synergist. (LA-Test 1) (7A, 7C, 7D17, 7D19h, n, o, s)  
DPT 516: 33. Identify and describe the cardiac and respiratory pathophysiology, which may limit exercise (LA-1,2,3) (7A, 7C, 7D19a, 7D19w)  
DPT 628: 20. Explain the contribution of aerobic and anaerobic metabolism to the total energy cost of exercise at different intensities of exercise (LA 1)(7A, 7C, 7D19a,w)  
DPT 628: 22. Describe the muscular, cardiopulmonary and metabolic responses to exercise as they relate to physical activity (LA 1,2)(7A, 7C, 7D19a,w)  
DPT 629: 16. Explain the contribution of aerobic and anaerobic metabolism to the total energy cost of exercise at different intensities of exercise. (LA-1,3) (7A, 7C, 7D19a,w)  
DPT 629: 19. Discuss pulmonary ventilation, gas exchange and transport during exercise. (LA-1,3) (7A, 7C, 7D19a,w)  
| Biomechanics | DPT 502: 2. Describe the importance of kinesiology and biomechanics in examination and intervention with patients. (LA-Final Examination, Practical Examinations) (7A, 7C, 7D17, 7D19n, o, s)  
DPT 502: 21. Define and compare the angle of inclination and angle of torsion and explain what effect they each have on the position and function of the lower extremity. (Test 3, Final Examination) (7A, 7C, 7D17, 7D19 s)  
DPT 516 8. Describe contribution of abnormal kinetics and kinematics as they contribute to specific musculoskeletal impairments. (LA-1,2,3) (7A, 7C) |
### Kinesiology

<table>
<thead>
<tr>
<th>Course</th>
<th>Topic</th>
<th>Additional Details</th>
</tr>
</thead>
</table>
| DPT 620  | 7.2 Demonstrate knowledge and technical skill in neuromuscular re-education interventions including, but not limited to:  
7.2a Effective handling techniques to facilitate, inhibit, and achieve desired motor output and learning (including management of abnormal biomechanical alignment and muscle tone). Techniques will be selected from historical theory (PNF, Bobath/NDT, Rood, Brunnstrom, etc) using current principles and evidence.  
DPT 621: 9.2 Demonstrate the ability to apply concepts of biomechanics, kinesiology and motor learning to the clinical management of individuals with gait dysfunction secondary to amputation and prosthetic prescription. [7A] |

<table>
<thead>
<tr>
<th>Course</th>
<th>Topic</th>
<th>Additional Details</th>
</tr>
</thead>
</table>
| DPT 502  | 9. Describe kinematics and kinetics and explain the relationship to body structures during specific functional movements. (LA-Tests 1-4, Midterm, Final Examination, Practical Examinations) (7A, 7C, 7D17, 7D19h, i, n)  
DPT 502: 12. Identify the active and passive properties of muscle tissue, including muscle fiber arrangements and how muscle function is affected, muscle tension and the relationship of muscle length to tension development, including resting and optimal length and active and passive insufficiency. (LA-Test 1) (7A, 7C, 7D17, 7D19n, o, s)  
DPT 502: 17. Identify and locate the bony components and articulations of the each body segment by naming the type of joint, the motions possible at each joint, and the structure support found at each joint. (Tests 1-4, Midterm and Final Examinations) (7A, 7C, 7D17, 7D19j, k, s)  
DPT 502: 22. Analyze a therapeutic exercise or functional activity including a description of COG, levers, moments, muscle activity, pathology, and interventions. (LA-Midterm Kinematic Analysis and Final Movement Analysis) (7A, 7C, 7D17, 7D19f, n, o, s, u, 7D5)  
DPT 516: 8. Describe contribution of abnormal kinetics and kinematics as they contribute to specific musculoskeletal impairments. (LA-1,2,3) (7A, 7C)  
DPT 621: 9.2. Demonstrate the ability to apply concepts of biomechanics, kinesiology and motor learning to the clinical management of individuals with gait dysfunction secondary to amputation and prosthetic prescription. [7A] |

<table>
<thead>
<tr>
<th>Course</th>
<th>Topic</th>
<th>Additional Details</th>
</tr>
</thead>
</table>
| DPT 500  | 10. Describe the structural and functional differences between neurons and glial cells. (LA-1) (7A)  
DPT 500: 20. Describe the chief actions of pituitary hormones. (LA-1) (7A)  
DPT 501: 11. Discuss the normal development of social, affective and language skills. (7B, 7D5) (LA-Quiz 6, 10, Final Examination)  
DPT 608: 2. Explain the present theories of the mechanism of action of transcutaneous applications of electrical stimulation. (LA-1,3) (7A, 7C, 7D11)  
DPT 520: 5. Distinguish between the various sensory systems, their component structures and functions [7A, 7C, 7D19 g,p,q,u 5b. Differentiate the lateral and medial pain systems and pain transmission in acute and chronic pain  
DPT 520: 11. Discuss the environmental and neural aspects of neuroplasticity and motor learning. [7A, 7C, 7D19 l,n,p] |

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<thead>
<tr>
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<th>Topic</th>
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DPT 608: 2. Explain the present theories of the mechanism of action of transcutaneous applications of electrical stimulation. (LA-1,3) (7A, 7C, 7D11)  
DPT 520: 5. Distinguish between the various sensory systems, their component structures and functions [7A, 7C, 7D19 g,p,q,u 5b. Differentiate the lateral and medial pain systems and pain transmission in acute and chronic pain  
DPT 520: 11. Discuss the environmental and neural aspects of neuroplasticity and motor learning. [7A, 7C, 7D19 l,n,p] |
<table>
<thead>
<tr>
<th>Pathology</th>
<th>DPT 516: 13. Analyze the current best evidence and apply best practice standards to the management of selected musculoskeletal disorders or disease states. (LA-1,2,3) (7D11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DPT 520: 17. Describe the methods of medical and rehabilitative differential diagnosis utilized in specific (neuromuscular) disorders and disease processes. (LA1, 2, 3) (7C, 7D17)</td>
</tr>
<tr>
<td></td>
<td>DPT 620: 1. Identify the etiology, underlying pathophysiologic processes and, CNS recovery mechanisms related to the onset and progression of specific neuromuscular conditions. (LA-1,2,3,4) (CC-3)</td>
</tr>
<tr>
<td></td>
<td>DPT 628: 10. Describe the methods of differential diagnosis utilized in specific [cardiopulmonary] disorders and disease processes. (LA 1,2)(7D22)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 1. Discuss common medical conditions impacting the musculoskeletal, neuromuscular, cardiopulmonary, integumentary, genitourinary, gastrointestinal systems. (LA-1,2,3) (7A,7C,7D34)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 8. Explain the etiology, pathogenesis, sequelae, and prognosis related to selected medical conditions. (LA-1,2,3) (7D11,7D20,7D23)</td>
</tr>
<tr>
<td></td>
<td>DPT 732: 4. Describe the phases of normal and abnormal wound healing (7A, 7C) (LA 1)</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>DPT 520: 18. Describe the typical medical management (including pharmacological intervention) for a given disorder or disease process. [7C, 7D17]</td>
</tr>
<tr>
<td></td>
<td>DPT 621: 2.3. Demonstrate the ability to effectively screen geriatric clients with aging neurologic systems for risk: 2.3e. Pharmacologic risk [7D2, 7D16, 7D17-18]</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 2. Identify the general principles of pharmacotherapy, including common drug side effects as they relate to the practice of physical rehabilitation. (LA-1,2,3) (7D11,7D23)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 13. Recognize drug-related problems in patients and identify appropriate management strategies. (LA-2,3) (7D10,7D11,7D20,7D24)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 14. Identify the various classes of drugs and their pharmacokinetics. (LA-1,2,3) (7D11)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 15. Discuss the medications most commonly used in the management of select conditions. (LA-1,2,3) (7D11,7D20)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 16. Possess a general understanding of drug interaction. (LA-1,2,3) (7D11)</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>DPT 708: 18. Explain the basic physics of current diagnostic imaging techniques. (LA-1,2,3) (7A)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 19. Interpret plain film radiographs for basic pathology and injury. (LA-1,3) (7D5,7D10,7D19k,r,7D20,7D22)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 20. Interpret reports of common diagnostic imaging techniques including: MRI, Scintigraphy, CT Scan, Arthrography, Ultrasound, EMG/NCV, Vascular studies, lab values. (LA-1,2,3) (7D5,7D10,7D11,7D19k,p,r,7D20,7D22)</td>
</tr>
<tr>
<td></td>
<td>DPT 708: 21. Develop the ability to discuss with patients the rationale for choosing a particular diagnostic imaging procedure. (LA-2) (7D5,7D7,7D8,7D10,7D11,7D35)</td>
</tr>
</tbody>
</table>
|                    | DPT 708: 22. Understand the limitations of diagnostic imaging and the role of imaging in the development of a differential
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>(LA-1,2,3) (7D5,7D10,7D11,7D22,7D35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT 708: 23. Identify aspects of the examination designed to assess joint integrity including screening, manual testing, functional testing, the use of testing apparati, and the result of diagnostic imaging.</td>
<td>(LA-2) (7D19k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Histology</th>
<th>DPT 500: 3. Differentiate between the 4 specific types of epithelial tissue using a microscope. (LA-1,2) (7A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT 500: 9. Microscopically identify the various components of a Haversian system. (LA-1,2) (7A)</td>
<td></td>
</tr>
<tr>
<td>DPT 500: 13. Microscopically define different types of muscle. (LA-1,2) (7A)</td>
<td></td>
</tr>
<tr>
<td>DPT 500: 22. Explain the relationship between histologic structures and normal function. (LA-1) (7A, 7C)</td>
<td></td>
</tr>
<tr>
<td>DPT 500: 23. Identify the implications of pathology of histologic structures on physical therapy. (LA-1) (7A, 7C)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>DPT 504: 4. Analyze the role of the physical therapist in prevention, health, and wellness. (LA-1,2,3) (SRE 7D5, 7D16, 7D34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT 620: 3. Demonstrate the ability to select and obtain relevant history and supportive information from the patient/client/relevant sources based upon client needs/complexity, and to perform a thorough systems review. [7D 10,17 - 19] 3.1e psychosocial risk factors (genetic/family, social habits, nutrition/lifestyle)</td>
<td></td>
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<tr>
<td>DPT 620: 5.3. Demonstrate an understanding of the role of nutrition in CNS recovery and the successful rehabilitation of individuals with neurologic impairment. [7A]</td>
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<table>
<thead>
<tr>
<th>Psychosocial aspects of health &amp; disability</th>
<th>DPT 501: 12. Describe the impact of life transitions on intellectual, spiritual, social, and emotional domains. (7B, 7D5, 7D7, 7D8, 7D10, 7D22) (LA-Quiz 1,6, Final Examination)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT 501: 13. Describe the critical events of adult socialization and examine how those events relate to education, work, and leisure.</td>
<td>(7B, 7D7, 7D8, 7D10, 7D19, 7D32) (LA-Quiz 1,6 Final Examination)</td>
</tr>
<tr>
<td>DPT 505: 9. Demonstrate the ability to expressively and receptively communicate in a culturally competent manner with patient/clients and all other individuals involved with healthcare (LA1,3,4,5) (SRE 7D7)</td>
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<tr>
<td>DPT 516: 22. Appreciate the impact of musculoskeletal pathology on the physical, cultural, emotional, cognitive, and spiritual health of each individual and develop an appreciation for individual autonomy and personal preference in the context of examination, evaluation, diagnosis, prognosis, and intervention for musculoskeletal conditions. (LA-1,2,3) (7B, 7D4, 7D5, 7D7, 7D8, 7D10, 7D12, 7D34, 7D35)</td>
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<tr>
<td>DPT 520: 13. Describe the stress-response model and psychological and emotional responses to trauma, chronic pain and forced inactivity. (LA1, 2, 3) (7A, 7C, 7D19 f, h, l, n, p)</td>
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<tr>
<td>DPT 608:</td>
<td>10. Exhibit compassion and empathy and the ability to create a therapeutic alliance with patients and families in the context of providing clinical care (LA-2,4) (7D5)</td>
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<tr>
<td><strong>Communication</strong></td>
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<tr>
<td>DPT 505:</td>
<td>2. Identify individual preferred learning styles and motivation levels and discuss how to optimize individual’s learning styles for education and communication (LA 1, 2, 3, 4, 6) (SRE 7D12)</td>
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<tr>
<td>DPT 505:</td>
<td>7. Describe patient/client variables that may affect learning including health literacy, reading level, (LA 4,5,6) (SRE 7D12)</td>
</tr>
<tr>
<td>DPT 505:</td>
<td>8. Demonstrate the ability to clearly communicate a plan of care, goals, and outcomes to patient/client that is safe, effective and patient/client centered (LA 1,3,4,5) (SRE 7D7)</td>
</tr>
<tr>
<td>DPT 505:</td>
<td>9. Demonstrate the ability to expressively and receptively communicate in a culturally competent manner with patient/clients and all other individuals involved with healthcare (LA1,3,4,5) (SRE 7D7)</td>
</tr>
<tr>
<td>DPT 620:</td>
<td>10.5. Demonstrate effective communication with patients/clients, family members, caregivers, interprofessional team members, and other providers participating in the clients’ care and outcome.(7B)</td>
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<tr>
<td><strong>Ethics &amp; Values</strong></td>
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<tr>
<td>DPT 501:</td>
<td>15. Exhibit caring, compassion and empathy in interacting with others and providing services others/patients/clients. (LA-Quizzes 1-10, Final Examination; Pediatric Observation Paper, Geriatric Interview Paper)</td>
</tr>
<tr>
<td>DPT 504:</td>
<td>35. Discuss the ethical, moral, and legal obligations of the physical therapist to his/her client. (LA-2,3) (7B, 7D4-8).</td>
</tr>
<tr>
<td>DPT 504:</td>
<td>36. Apply ethical and legal principles and theories to the clinical management of individuals. (LA-2,3) (7B, 7D4-8).</td>
</tr>
<tr>
<td>DPT 604:</td>
<td>3. Apply the moral and ethical aspects of health care delivery to physical therapy practice. (LA-1,2,3,4) (7D2,7D5,7D6)</td>
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<tr>
<td>DPT 604:</td>
<td>6. Demonstrate knowledge of issues related to gender, harassment, abuse, and health disparity. (LA-1,2,3) (7D1,7D2,7D3,7D4,7D5)</td>
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<tr>
<td>DPT 604:</td>
<td>20. Describe methods for demonstrating health advocacy and describe ways in which to access this information. (LA-2,3,4) (7D34,7D13,7D14,7D40)</td>
</tr>
<tr>
<td>DPT 704:</td>
<td>1. Analyze the physical therapy code of ethics and discuss its application to clinical practice. (LA-1,2) (7D4, 7D5, 7D10, 7D11, 7D28)</td>
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<tr>
<td><strong>Management</strong></td>
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<tr>
<td>DPT 704:</td>
<td>3. Explain the principles and practice of risk management and quality assurance. (LA-1,2,3) (7D5, 7D10, 7D11, 7D29, 7D42, 7D43)</td>
</tr>
<tr>
<td>DPT 704:</td>
<td>5. Demonstrate problem solving utilizing current literature as it relates to a variety of management issues in physical therapy. (LA-1,2) (7D10, 7D11, 7D24, 7D28, 7D29, 7D30, 7D34)</td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td><strong>DPT 704: 6.</strong> Describe basic principles related to the various aspects of healthcare administration and management. (LA-1,2) (7D29)&lt;br&gt;DPT 704: 8. Describe organizational structure and professional culture as it relates to management and the delivery of care. (LA-1,2) (7D7, 7D10, 7D11, 7D28, 7D29, 7D42, 7D43)&lt;br&gt;DPT 704: 13. Apply best practice principles of risk management in the development of a policies and procedures manual used to guide employee conduct. (LA-2) (7D37)&lt;br&gt;DPT 704: 18. Demonstrate the ability to engage in practice management that is in accordance with regulatory and legal requirements. (LA-2) (7D43)</td>
</tr>
<tr>
<td><strong>Teaching &amp; Learning</strong></td>
<td><strong>DPT 504: 8.</strong> Describe the value of engaging in professional behaviors as it relates to peers, healthcare providers, consumers, payers, as well as patients and caregivers. (LA-2,3) (SRE 7D4, 7D5, 7D11, 7D7, 7D8, 7D32)&lt;br&gt;DPT 604: 23. Describe methods of advocating for the needs of the individual and the betterment of society regardless of the impact on personal remuneration. (LA-2,3,4) (7D4,7D5,7D7,7D8,7D14)&lt;br&gt;DPT 704: 4. Analyze the value of fiscal accountability and efficacy and their implications to the delivery of healthcare. (LA-1,2) (7B, 7D1, 7D10, 7D11, 7D24, 7D30, 7D28, 7D29, 7D42, 7D43)&lt;br&gt;DPT 704: 5. Demonstrate problem solving utilizing current literature as it relates to a variety of management issues in physical therapy. (LA-1,2) (7D10, 7D11, 7D24, 7D28, 7D29, 7D30, 7D34)&lt;br&gt;DPT 704: 6. Describe basic principles related to the various aspects of healthcare administration and management. (LA-1,2) (7D29)&lt;br&gt;DPT 704: 18. Demonstrate the ability to engage in practice management that is in accordance with regulatory and legal requirements. (LA-2) (7D43)</td>
</tr>
<tr>
<td><strong>DPT 505: 1.</strong> Describe the depth and breadth of teaching opportunities, including the use of Information Technology, available for physical therapists across the clinical, professional, communal and academic environments. (LA 4,6) (SRE 7D12)&lt;br&gt;DPT 505: 2. Identify individual preferred learning styles and motivation levels and discuss how to optimize individual’s learning styles for education and communication (LA 1, 2, 3, 4, 6) (SRE 7D12)&lt;br&gt;DPT 505: 4. Describe how learning and motivation theories influence clinical decision making in the clinical, professional and academic environments (LA 4,5,6) (SRE 7D12)&lt;br&gt;DPT 505: 11. Demonstrate the ability to present educational information using sound teaching principles to peers and community members either verbally or through appropriate documentation (LA 4,5,6) (SRE 7D12)&lt;br&gt;DPT 505:12. Assess the preferred learning styles of other individuals and create learning strategies that are best suited to particular...</td>
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<td>Course</td>
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<tr>
<td>DPT 505: 13</td>
<td>Design clinically-based educational materials and a presentation/teaching session for patients/clients which are based on sound educational theory and instructional methods and include: a) a comprehensive education plan (LA 6) (SRE 7D12; 7D27h; 7D30), b) educational objectives (LA 6) (SRE 7D12; 7D27h), c) learner goals/objectives (LA 6) (SRE 7D12; 7D27h), d) instructional methods (LA 6) (SRE 7D12; 7D27h), e) analysis of educational theory utilized (LA 6) (SRE 7D12; 7D27h), f) educational materials with analysis of appropriateness for the patient and/or community group (LA 6) (SRE 7D12; 7D27h), g) use of media and/or equipment resources (LA 6) (SRE 7D12; 7D27h), h) multiple assessment perspectives from peers, faculty, and self. (LA 3,4,5,6) (SRE 7D12; 7D27h)</td>
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<tr>
<td>Law</td>
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<td>DPT 504: 15</td>
<td>Describe the impact of state and federal laws, as well as the vision, mission, and goals of the APTA on clinical practice. (LA-1,2,5) (SRE 7D1, 7D4, 7D5, 7D13, 7D14, 7D24, 7D25, 7D29, 7D32, 7D33, 7D36, 7D37, 7D39)</td>
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<tr>
<td>DPT 504: 34</td>
<td>Apply the concepts of consultation, education, and advocacy to influence legislative and political processes. (LA-2,3) (SRE 7D14)</td>
</tr>
<tr>
<td>DPT 504: 35</td>
<td>Discuss the ethical, moral, and legal obligations of the physical therapist to his/her client. (LA-2,3) (7B, 7D4-8).</td>
</tr>
<tr>
<td>DPT 604: 13</td>
<td>Discuss the influence of legal and political dynamics on health care policy and law in the United States. (LA-1,2) (7D1,7D4,7D5,5.66, 5.61, 7D12,7D16,7D40,7D41,7D43)</td>
</tr>
<tr>
<td>DPT 604: 15</td>
<td>Explain how federal, state, and local laws and standards impact life choices of individuals with disability. (LA-1,2,3) (7D1,7D4,7D5,7D8,7D38,7D40,7D41)</td>
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<tr>
<td>Clinical Reasoning</td>
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<tr>
<td>DPT 501: 17</td>
<td>Practice using clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance outcomes. (7D10) (LA-Quizzes 1-10, Final Examination; Pediatric Observation Paper, Geriatric Interview Paper)</td>
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<tr>
<td>DPT 616: 19</td>
<td>Demonstrate the ability to utilize the results of data collected during the examination to make decisions regarding the future care of individuals with musculoskeletal impairments. (LA-2,3,4) (7D20)</td>
</tr>
<tr>
<td>DPT 620: 7.4</td>
<td>Demonstrate the ability to engage in a continual process of patient assessment and modify intervention based on patient response (patient factors) and non-patient factors encountered in the management of clients with neuromotor impairment (LA-2,3) (CC-5.4)</td>
</tr>
<tr>
<td>DPT 628: 5</td>
<td>Identify information and resources necessary to address a clinical problem and demonstrate effective clinical problem solving skills. (LA 1,2) (7D10, 7D11)</td>
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<tr>
<td>DPT 629: 35</td>
<td>Discriminate between the most appropriate plan of care given the examination findings and physical therapy diagnosis. (LA 1,2,3,4) (7D20, 21, 22, 23, 24, 25)</td>
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<tr>
<td>Evidenced-Based Practice</td>
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<tr>
<td>DPT 501: 17</td>
<td>Appraise the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client. (7D11) (LA-Quizzes 1-10, Final Examination; Pediatric Observation Paper, Geriatric Interview Paper)</td>
</tr>
</tbody>
</table>
| Interview Paper | DPT 504: 30. Define and describe evidence-based practice, including current best evidence, professional judgment, and patient values. (LA-1,2) (SRE 7D10)  
DPT 612: 8. Describe the clinical significance of implementing current research in all areas of clinical practice (LA 1,4,5)(7D4, 7D5, 7D10, 7D11, 7D23, 7D24)  
DPT 612: 11. Synthesize chosen studies into guidelines to direct clinical practice (LA 2,3,4)(7D4, 7D5, 7D10, 7D11)  
DPT 612: 19. Critically analyze and describe on the impact of current evidence on professional practice. (LA 1,5)(7D10, 7D11, 7D4, 7D22, 7D23)  
DPT 713: 13. Discuss the application of the current best evidence and the results from the required research project to clinical practice (7D9,10,11) |
| --- | --- |
DPT 612: 22. Demonstrate entry-level proficiency in the use of electronic software to perform statistical analyses including: descriptive statistics, Chi square, Pearson Correlation Coefficient. Interclass Correlation Coefficient (ICC), sensitivity, specificity, likelihood ratio, t-test, one and two-way ANOVA, post-hoc analysis of ANOVA.(LA 5)(7D11)  
DPT 712: 4. Interpret and analyze qualitative research data at an entry level of competency. (LA-3) (7D9,7D11)  
DPT 712: 6. Evaluate validity and reliability in qualitative research. (LA-1,2,3) (7D9,7D11)  
DPT 713: 8. Utilize statistical tests, including electronic tools to determine results. (LA-2) (CC-5.22, 5.23, 5.24)  
DPT 714: 10. Calculate statistical significance using the appropriate statistical analyses. (LA-2) (CC-5.22, 5.23, 5.24) (7D11) |
| Cardiovascular Systems | DPT 620: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9 e Cardiovascular sequelae  
DPT 621: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9 e Cardiovascular sequelae  
DPT 629: 1. Demonstrate competence in the ability to organize, identify, explain, and demonstrate the various components of a cardiopulmonary examination. (LA-1,2,4) (7D16, 7D17, 7D18, 7D19 a,e,q,f,w)  
DPT 629: 10. Identify key aspects and design a pulmonary rehabilitation program consisting of: breathing exercises, bronchial hygiene, and physical conditioning. (LA-1,2,3,4) (7D27 a,b,c,d,f, 7D25)  
DPT 629: 12. Provide rationale for chosen interventions used in the care of cardiopulmonary clients. (LA-1,2,3,4) (7D5, 7D7, 7D10, 7D11)  
DPT 629: 27. Demonstrate competence in the implementation of interventions designed to enhance cardiorespiratory function while |
| Endocrine & Metabolic Systems | DPT 501: 17. Describe the age related changes to the Cardiopulmonary System and Vital Function. (7D) (LA Quiz 8, Final Examination).  
DPT 629: 18. Describe the muscular, cardiopulmonary, and metabolic responses to exercise as they relate to physical activity. (LA-1,3) (7A, 7C, 7D19a,w)  
DPT 708: 3. Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole. (LA-1,2,3) (7A,7C,7D10,7D34) |
|-----------------------------|--------------------------------------------------------------------------------------------------------|
| Gastrointestinal System    | DPT 500: 8. Describe the upper and lower gastrointestinal systems and their function. (LA-1) (7A)  
DPT 708: 1. Discuss common medical conditions impacting the musculoskeletal, neuromuscular, cardiopulmonary, integumentary, genitourinary, gastrointestinal systems. (LA-1,2,3) (7A,7C,7D34)  
DPT 708: 2. Discuss common surgical conditions used in the management of musculoskeletal, neuromuscular, cardiopulmonary, integumentary, genitourinary, and gastrointestinal conditions. (LA-1,2,3) (7A,7C,7D34)  
DPT 708: 3. Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole. (LA-1,2,3) (7A,7C,7D10,7D34) |
| Genital & Reproductive Systems | DPT 620: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9d Reproductive sequelae  
DPT 621: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9d Reproductive sequelae  
DPT 708: 1. Discuss common medical conditions impacting the musculoskeletal, neuromuscular, cardiopulmonary, integumentary, genitourinary, gastrointestinal systems. (LA-1,2,3) (7A,7C,7D34)  
DPT 708: 2. Discuss common surgical conditions used in the management of musculoskeletal, neuromuscular, cardiopulmonary, integumentary, genitourinary, and gastrointestinal conditions. (LA-1,2,3) (7A,7C,7D34)  
DPT 708: 3. Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole. (LA-1,2,3) (7A,7C,7D10,7D34) |
| Hematologic System          | DPT 620: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9g Hematologic sequelae  
DPT 621: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9g Hematologic sequelae  
DPT 708: 3. Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole. |
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<tr>
<th>System</th>
<th>Course</th>
<th>Description</th>
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<tbody>
<tr>
<td>Hepatic &amp; Biliary Systems</td>
<td>DPT 708</td>
<td>3. Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole.</td>
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<td>(LA-1,2,3) (7A,7C,7D10,7D34)</td>
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<tr>
<td>Immune System</td>
<td>DPT 708</td>
<td>3. Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole.</td>
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<td>(LA-1,2,3) (7A,7C,7D10,7D34)</td>
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<td>DPT 621</td>
<td>1.4 Analyze the impact of the pathological process on common nervous system disorders in terms of function; 1.4 g Immunologic disorders</td>
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<tr>
<td>Integumentary System</td>
<td>DPT 732</td>
<td>10. Determine appropriate wound care techniques including types of debridement and dressing application based on the integumentary examination. (7D27e) (LA 1, LA 2)</td>
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<td>DPT 732: 12. Demonstrate safe application of electric stimulation, pulse vac, ultrasound, whirlpool techniques to various wounds and burns (7D27e, 7D27c) (LA 1)</td>
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<td>DPT 732: 13. Demonstrate the ability to select culturally appropriate and age-related tests and measures for integumentary integrity (7D17, 7D18, 7D19b, 7D19j, 7D19q, 7D19u) (LA 1, LA 2)</td>
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<td>DPT 732: 20. Determine a plan of care that is culturally competent and patient-centered that is safe and effective and collaborates with all members of the health care team (7D24) (LA 2)</td>
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<td>DPT 732: 21. Determine a plan of care for individuals with integumentary disorders that is consistent with legal, ethical and professional obligations and administrative policies and procedures. (7D1, 7D4, 7D5) (LA 2)</td>
</tr>
<tr>
<td>Lymphatic System</td>
<td>DPT 608</td>
<td>20. Demonstrate entry-level competence in the performance of manual lymph drainage, compression wrapping, taping, and use of intermittent compression pumps, and total contact casting. (LA-2,4) (7D27f)</td>
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<td>DPT 608: 21. Demonstrate entry-level competence in examining and evaluating circulation and edema using various methods. (LA-2,4) (7D19b, 7D19d)</td>
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<td>DPT 620: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9 h Lymphatic sequelae</td>
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<td></td>
<td>DPT 621: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function: 1.9 h Lymphatic sequelae</td>
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</table>
| Musculoskeletal System | DPT 616: 19. Demonstrate the ability to utilize the results of data collected during the examination to make decisions regarding the future care of individuals with musculoskeletal impairments. (LA-2,3,4) (7D20)  
DPT 616: 22. Demonstrate competence in orthopaedic manual physical therapy techniques, including both thrust and non-thrust procedures, for individuals with musculoskeletal impairment of the extremities. (LA-2) (7D27f)  
DPT 616: 29. Internalize trends in patient outcomes through self-reflection for the purpose of learning from each patient interaction in a manner that facilitates improved care. (LA-1,4,5) (7D11,7D24)  
DPT 616: 31. Discriminate between the most appropriate plan of care given the examination findings and physical therapy diagnosis. (LA-2,4) (7D9,7D10,7D11,7D22)  
DPT 620: 1.9 Analyze the cross system sequelae and interactions of common nervous system disorders on function; 1.9 f Musculoskeletal sequelae |
| --- | --- |
| Nervous System | DPT520: 2. Describe the physical and electrical properties of the neurons and support cells within the nervous system, and the neurotransmission of information between structures; 2.1 Describe the physiological basis of neuroplasticity, motor learning and the processes of recovery of function within the normal and impaired neuromuscular system  
DPT620: 1 Identify the etiology, underlying pathophysiologic processes and, CNS recovery mechanisms related to the onset and progression of specific neuromuscular conditions.  
DPT620: 2 Apply your understanding of the physiological basis of motor learning and the processes of recovery of function to the clinical management of those individuals with impairments within the neuromuscular system.  
DPT621: 9.3 Demonstrate the ability to apply the current best evidence to the design and implementation of a best clinical practice management program for individuals with amputation/prosthetic prescription, with or without vascular compromise. |
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<tr>
<th>Course</th>
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<tbody>
<tr>
<td>DPT 628</td>
<td>32</td>
<td>Critically appraise the literature related to cardiopulmonary physical therapy care. (LA-2) (7D9)</td>
</tr>
<tr>
<td>DPT 629</td>
<td>10</td>
<td>Identify key aspects and design a pulmonary rehabilitation program consisting of: breathing exercises, bronchial hygiene, and physical conditioning. (LA-1,2,3,4) (7D27 a,b,c,d,f, 7D25)</td>
</tr>
<tr>
<td>DPT 629</td>
<td>11</td>
<td>Develop, monitor, and modify measurable intervention goals for cardiopulmonary clients. (LA-2,3,4) (7D5, 7D22, 7D24)</td>
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<tr>
<td>DPT 629</td>
<td>26</td>
<td>Demonstrate competence in the assessment of the following measures of ventilation and respiration: 26.a. arterial blood gas, 26.b. tidal volume, 26.c. inspiratory/expiratory reserve volume, 26.d. residual volume, 26.e. inspiratory capacity, 26.f. slow vital capacity, 26.g. functional residual capacity, 26.h. vital capacity, 26.i. total lung capacity, 26.j. total ventilation, 26.k. forced vital capacity, 26.l. forced expiratory volume, 26.m. forced expiratory flow (25-75%), 26.n. peak expiratory flow, 26.o. maximum voluntary ventilation, 26.p. alveolar ventilation rate. (LA-2,4) (7D19w)</td>
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**Renal & Urologic systems**

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<tbody>
<tr>
<td>DPT 617</td>
<td>34</td>
<td>Identify the common impairment syndromes impacting the genitourinary system that result from pelvic floor dysfunction. (LA-1,3) (7A, 7C, 7D19f,n,q,u, 7D20, 7D22, 7D23, 7D24, 7D27d,f,h,i)</td>
</tr>
<tr>
<td>DPT 617</td>
<td>35</td>
<td>Explain evidence-based examination procedures used to evaluate and direct intervention related to pelvic floor dysfunction. (LA-1,3) (7A, 7C, 7D19f,n,q,u, 7D20, 7D22, 7D23, 7D24)</td>
</tr>
<tr>
<td>DPT 617</td>
<td>36</td>
<td>Discuss physical therapy, medical, and surgical management strategies for pelvic floor dysfunction. (LA-1,3) (7A, 7C, 7D20, 7D22, 7D23, 7D24, 7D27d,f,h,i)</td>
</tr>
<tr>
<td>DPT 617</td>
<td>37</td>
<td>Discuss the psychosocial impact of pelvic floor dysfunction. (LA-1,3) (7A, 7C)</td>
</tr>
<tr>
<td>DPT 620</td>
<td>1.9</td>
<td>Analyze the cross system sequelae and interactions of common nervous system disorders on function; 1.9 b Genitourinary sequelae</td>
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**System Interaction s**

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<th>Course</th>
<th>Module</th>
<th>Description</th>
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<tr>
<td>DPT 501</td>
<td>4</td>
<td>Describe how all of the subsystems related to human movement: sensory and motor, work together and how intervention strategies attempt to enter the motor control loop. (7A, 7C, 7D19) (LA-Quiz 1-10, Final Examination)</td>
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<td>DPT 621</td>
<td>3</td>
<td>Demonstrate the ability to appropriately select and perform specific aspects of the physical therapy examination of individuals with disease or disorder within the neuromuscular system, based upon client need/complexity; 3.1 Demonstrate prioritization of the physical therapy examination to meet client needs/complexity, including the components of: 3.1 a - 3.1 k (LA-2,3)) [7D16, 7D19 a – w; ]</td>
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<tr>
<td>DPT 620</td>
<td>1.9</td>
<td>Analyze the cross system sequelae and interactions of common nervous system disorders on function; 1.9 a Respiratory sequelae; 1.9 b Genitourinary sequelae; 1.9 c Integumentary sequelae; 1.9d Reproductive sequelae; 1.9 e Cardiovascular sequelae; 1.9 f Musculoskeletal sequelae; 1.9 g Hematologic sequelae; 1.9 h Lymphatic sequelae; 1.9 i Psychological sequelae</td>
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<tr>
<td>DPT 708</td>
<td>3</td>
<td>Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole.</td>
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<tr>
<td>DPT 708: 11. Identify the psychological, emotional, and cultural influences on the diagnosis of medical conditions. (LA-1,2,3) (7D4,7D5,7D7,7D8,7D10,7D11,7D12)</td>
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<th>Differentia l Diagnosis</th>
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<th>DPT 617: 46. Demonstrate the ability to utilize examination results and clinical reasoning to reach a differential diagnosis that guides intervention. (LA-1,2,3,4,6) (7D20, 21, 22, 23, 24, 25)</th>
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<th>DPT 621: 5.1-5.3. Integrate data from the examination (history, health record, systems review, physical exam, special tests and measures) and differential diagnosis to formulate clinical judgment that leads to a diagnosis, prognosis and intervention plan consistent with clinical findings: (LA-1,2,3) [7D20, 7D21, 7D22, 7D24, 7D25, 7D27 b,c,d,f,]</th>
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<th>DPT 708: 6. Discuss the features of common systemic disease processes and specific methods used for diagnosis. (LA-1,2,3) (7D22)</th>
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<th>DPT 708: 22. Understand the limitations of diagnostic imaging and the role of imaging in the development of a differential diagnosis. (LA-1,2,3) (7D5,7D10,7D11,7D22 7D35)</th>
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<th>DPT 732: 14. Determine a physical therapy diagnosis and prognosis based on patient case scenarios (7D17, 7D18, 7D19b, 7D19j, 7D19q, 7D19u ) (LA 1, LA 2)</th>
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<th>Common Medical &amp; Surgical Conditions</th>
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<tr>
<th>DPT 708: 1. Discuss common medical conditions impacting the musculoskeletal, neuromuscular, cardiopulmonary, integumentary, genitourinary, gastrointestinal systems. (LA-1,2,3) (7A,7C,7D34)</th>
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<th>DPT 708: 3. Discuss the impact of medical conditions and disease processes on other body systems and the organization as a whole. (LA-1,2,3) (7A,7C,7D10,7D34)</th>
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<th>DPT 708: 4. Discuss the impact of medical pathology and disease on the physical therapy diagnosis, prognosis, plan of care, and expected outcomes. (LA-1,2,3) (7D10,7D11,7D20,7D22,7D23,7D24,7D34,7D35)</th>
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<tr>
<th>DPT 708: 8. Explain the etiology, pathogenesis, sequelae, and prognosis related to selected medical conditions. (LA-1,2,3) (7D11,7D20,7D23)</th>
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<tr>
<th>DPT 708: 11. Identify the psychological, emotional, and cultural influences on the diagnosis of medical conditions. (LA-1,2,3) (7D4,7D5,7D7,7D8,7D10,7D11,7D12)</th>
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Appendix Z

CURRICULUM PROPOSAL

Date:

1. Course Number: __________________________ Course Title: __________________________

2. College/School Department: Contact person: Phone:

3. Nature of change: level 1 or level 2
   ____addition of new course
   _department/degree requirement
   ____deletion of existing course
   ____modification of existing course; change in
   ____credits
   ____title ____number ____level
   ____description ____required status X____grading

4. Briefly describe/provide a rationale for the proposed change. Describe any special and/or additional accreditation/approval requirements in your proposal. If addition of a new course, please indicate the number of credits and attach a copy of the proposed course outline and objectives.

5. List course exactly as it should appear in the catalog, including title, description and credits. Indicate if registrar will need to assign a new course number and identify the level (500, 600, 700, 800, 900).

6. Will this course meet any college core or graduation requirement, such as the human diversity requirement? If yes, please describe.

7. Will the proposed change have resource implications for the department or the college? Consider such factors as faculty and/or support staff, fees, equipment (e.g. audiovisual), etc.

8. Will the proposed change impact other departments or programs? If yes, please describe.

(Attach other pages if necessary.)
9. Proposals that impact other departments or programs must obtain the recommendations of the appropriate department chair(s): Proposals that impact both divisions must obtain the recommendation of both deans.

After reviewing this proposal, I

______endorse the proposal  ____endorse the proposal with these reservations (noted on attached page)

______oppose the proposal (reasons for opposition noted on attached page)

________________________________________ Date:________________________

Appropriate Department Chair

After reviewing this proposal, I

______endorse the proposal  ____endorse the proposal with these reservations (noted on attached page)

______oppose the proposal (reasons for opposition noted on attached page)

________________________________________ Date:________________________

Appropriate Department Chair

After reviewing this proposal, I

______endorse the proposal  ____endorse the proposal with these reservations (noted on attached page)

______oppose the proposal (reasons for opposition noted on attached page)

________________________________________ Date:________________________

Appropriate Division Dean(s)

APPROVALS: Signature indicates that proposal has been approved by departmental vote.

________________________________________ Date:________________________

Department Chair

________________________________________ Date:________________________

Program Coordinator/Director

________________________________________ Date:________________________

Dean of Graduate School

________________________________________ Date:________________________

Graduate Academic Council Chair
Provost

ACTION: Provost approved curriculum proposal to be submitted to Assistant Dean of Academic Support Services for update to PowerCampus and process changes, through appropriate, responsible staff., including: Graduate Catalog, Student Handbook, Marketing and Alvernia website.

Assistant Dean for Academic Support Services

ACTION: Approved Proposal to be returned to Graduate Academic Council Secretary to be maintained with official Graduate Academic Council records. A copy is to be provided to the Program Coordinator.